

RESOLUTIONS**MEMORIAL RESOLUTIONS
Adopted Unanimously****John H. Burkhart, MD**

Introduced by Tennessee Delegation

Whereas, The great State of Tennessee and all the citizens of Tennessee have lost a fearless physician leader and statesman; and

Whereas, John H. Burkhart, MD, devoted his life to the medical profession instilling in his colleagues in Tennessee and at the American Medical Association a spirit of collegiality, dedication to patient care and unwavering ethical principles; and

Whereas, He served the AMA as a member of the Judicial Council from 1978 to 1988, and Chair of the Council from 1981-1983 and 1987-1988; and

Whereas, His tireless service to the Tennessee Medical Association, where he served as President in 1965 and as a delegate to its House of Delegates for five decades, was recognized by the Association as its Outstanding Physician of the Year in 1984, reflecting a lifetime of service; and

Whereas, In 1963 he was the founder of the Tennessee Student Education Fund, that has benefited more than 500 needy medical students with loans and scholarships in excess of \$3.5 million; and

Whereas, He served the State of Tennessee as the President of its Board of Medical Examiners from 1978 to 1986 where he had the honor and privilege of signing the medical licenses of his three sons, who followed in his footsteps, in the practice of medicine in the Knoxville, Tennessee area; and

Whereas, Dr. Burkhart passed away on Friday, June 3, 2004, at his home while sitting with Marjorie, his beloved wife and partner for more than sixty years; and

Whereas, This House of Delegates does desire to recognize the life, contributions, and influence of John H. Burkhart, MD, on the medical profession; therefore be it

RESOLVED, That our American Medical Association record in its minutes its heartfelt appreciation to John H. Burkhart, MD, for the immeasurable contributions he made to the medical profession; and be it further

RESOLVED, That a copy of this resolution be forwarded to Dr. Burkhart's family extending the AMA House of Delegates deepest sympathy and admiration for his life of service.

Ralph S. Emerson, MD

Introduced by New York Delegation

Whereas, Ralph S. Emerson, MD, passed away on September 26, 2003 at age 91; and

Whereas, Dr. Emerson was a surgeon who practiced in Roslyn Heights, New York, for more than 40 years; and

Whereas, Dr. Emerson was beloved by his patients and respected by his colleagues; and

Whereas, Dr. Emerson served as President of the Medical Society of the State of New York from 1975 to 1976, helping to create the Medical Liability Mutual Insurance Company and leading the early fight for tort reform; and

Whereas, Dr. Emerson also served as President of the Nassau County Medical Society from 1957 to 1958; and

Whereas, Dr. Emerson was also a Fellow and Governor of the American College of Surgeons, Past President of the New York State Society of Surgeons, Fellow of the Nassau Academy of Medicine, a member of the New York State Hospital Review and Planning Council, Nassau Surgical Society, American Medical Association and other prestigious medical organizations; therefore be it

RESOLVED, That our American Medical Association mourn the loss of a distinguished physician and leader, Ralph S. Emerson, MD.

Jordan Fieldman, MD

Introduced by Massachusetts Delegation

Whereas, On June 1, 2004, Jordan Fieldman, MD, our colleague and dear friend, encountered an untimely death from cancer at the age of 38; and

Whereas, Dr. Fieldman lived and exemplified the Hippocratic Oath as a teacher, practitioner, and a healer; and

Whereas, Dr. Fieldman was a man whose humanism continues to ring true in our hearts and shall continue to do so in the years to come; and

Whereas, Dr. Fieldman's passion, honesty, and eloquence made those around him eager to hear him speak; and

Whereas, Dr. Fieldman treated anyone with whom he interacted--friend, colleague or patient--with genuine compassion and recognition for the entire individual; and

Whereas, Dr. Fieldman was an unassuming scholar who was valedictorian and graduation speaker for his Harvard Medical School class of 1995; and

Whereas, Dr. Fieldman was a friend and believer in organized medicine having served diligently and admirably on the Board of Trustees of the Massachusetts Medical Society and the Governing Council of our American Medical Association's Resident and Fellow Section, having set and surpassed all standards on membership recruitment; and

Whereas, In addition to his medical practice, Dr. Fieldman touched many lives in his community as he taught multiple courses in holistic medicine, wrote extensively and hosted a one-hour weekly television show called "Healing People"; and

Whereas, Dr. Fieldman accomplished more in his brief lifetime than most; and

Whereas, Jordan would want us to celebrate life rather than mourn death; therefore be it

RESOLVED, That our American Medical Association recognize and celebrate the life and accomplishments of our dear colleague and friend Jordan Fieldman, MD; and be it further

RESOLVED, That our AMA express its gratitude to his family for sharing Jordan and his love with us for the years that they could; and be it further

RESOLVED, That this resolution be officially recorded as part of the proceedings of the 2004 Annual Meeting of the House of Delegates.

Morton M. Kurtz, MD
Introduced by New York Delegation

Whereas, Dr. Morton M. Kurtz departed from life February 10, 2004; and

Whereas, Dr. Kurtz was a family physician in Queens, New York who was beloved by his many patients; and

Whereas, Dr. Kurtz was President of The Medical Society of the County of Queens from 1985 to 1986 and held many other offices in the County; and he was President of the Medical Society of the State of New York from 1992 to 1993 and held many other offices at the Medical Society of the State of New York; and

Whereas, Dr. Kurtz was a delegate from Queens County to the Medical Society of the State of New York from 1973 to 1997, an alternate delegate from 1976 to 1979 from the Medical Society of the State of New York to the American Medical Association, a delegate from the Medical Society of the State of New York to the American Medical Association from 1980 to December 2003, and chaired the delegation from 1995 to December 1998; and

Whereas, Dr. Kurtz initiated peer review for medical quality of care in Queens, New York by founding the Professional Standards Review Organization in 1978; therefore be it

RESOLVED, That our American Medical Association mourn the loss of a distinguished physician and leader, Morton M. Kurtz, MD.

George J. Lawrence, Jr., MD
Introduced by New York Delegation

Whereas, It is with profound sadness that the Medical Society of the County of Queens reports the passing of its esteemed member, George J. Lawrence, Jr., MD, on June 4, 2004; and

Whereas, Dr. Lawrence served as a member of the Medical Society of the County of Queens for sixty-two years, having been elected in October 1940; and

Whereas, Dr. Lawrence was a member of the third generation of Lawrences practicing medicine in Queens County; and

Whereas, Dr. Lawrence served on various committees of the Medical Society of the County of Queens in 1953; and

Whereas, Dr. Lawrence served as President of the Medical Society of the County of Queens in 1957; and

Whereas, Dr. Lawrence served as a member of the Board of Trustees from the Medical Society of the County of Queens from 1958-1995 and was its Chairman from 1975-1984; and

Whereas, Dr. Lawrence served as Queens Councilor to the Medical Society of the State of New York for twenty-three years (1948-1970 and 1973-1974); and

Whereas, Dr. Lawrence served as a delegate from the Medical Society of the State of New York to the American Medical Association from 1962-1968 and as an alternate delegate from 1969-1979; and

Whereas, Dr. Lawrence served in the position of Executive Vice President of the Medical Society of the State of New York from 1985-1986; therefore be it

RESOLVED, That our American Medication Association mourn the loss of a distinguished physician and leader, George J. Lawrence, Jr., MD.

Sidney Mishkin, MD
Introduced by New York Delegation

Whereas, Sidney Mishkin, MD, passed away on May 15, 2003; and

Whereas, Sidney Mishkin, MD, was a general and thoracic surgeon who practiced in Great Neck, New York and who had devoted his entire career to the betterment of the profession and the people of Nassau County; and

Whereas, Sidney Mishkin, MD, was a talented inventor with his name on many patents in the surgical field including the Pleur-Evac; and

Whereas, Sidney Mishkin, MD, served as a Delegate to the Medical Society of the State of New York House of Delegates and the American Medical Association House of Delegates for many years; and

Whereas, Sidney Mishkin, MD, also served as President of the Nassau County Medical Society from 1982 to 1983 prior to which he created the Peer Review Committee which has become the standard for other county and state medical society peer review committees; and

Whereas, Sidney Mishkin, MD, was also one of the founding surgeons of the Albert Einstein College of Medicine Hospital, Long Island Jewish Hospital and North Shore University Hospital in New York; therefore be it

RESOLVED, That our American Medical Association mourn the loss of a distinguished physician and leader, Sidney Mishkin, MD.

Ronald A. Shellow, MD
Introduced by American Psychiatric Association,
American Academy of Child and Adolescent Psychiatry,
and American Academy of Psychiatry and the Law

Whereas, A very dear and long-time friend, esteemed colleague, and member of the American Medical Association House of Delegates, Ronald A. Shellow, MD, passed away on February 19, 2004; and

Whereas, Dr. Shellow was an outstanding clinician in private practice for over forty years in Miami, Florida devoted to his patients and his profession; and

Whereas, He served with distinction in the American Medical Association House of Delegates as an alternate delegate and delegate of the American Psychiatric Association as well as on the Section Council of Psychiatry from 1985 until his death; and

Whereas, Dr. Shellow provided exemplary leadership in elective and appointive offices on behalf of the American Psychiatric Association including Speaker of the APA Assembly, Chair, Joint Commission on Government Relations, Committee on RBRVS, Codes and Reimbursements, Long Range Planning Committee and many others; and

Whereas, In Florida, he was very active in his state societies where he served as President of the South Florida Psychiatric Association, as a leader of the Florida Psychiatric Association and an active member of the Florida Medical Association; and

Whereas, Dr. Shellow most ably represented psychiatry before Congress, the Executive Branch of our Federal Government as well as locally in Florida; and

Whereas, His career-long efforts helped reduce the stigma borne by those suffering from mental illness and helped improve access to quality mental health services; and

Whereas, He took great pride in his profession and in his dear family, including his wife Dodi Shellow, two children and three grandchildren; and

Whereas, Dr. Shellow freely shared his wisdom, compassion for his fellow human beings and his wonderful sense of humor; therefore be it

RESOLVED, That our American Medical Association convey its deepest sympathy and condolences to Dr. Shellow's family; and be it further

RESOLVED, That this resolution be officially recorded as part of the Proceedings of this meeting of the House of Delegates.

John "Jack" M. Sherwin, MD
Introduced by New Hampshire Delegation

Whereas, Dr. John Sherwin of Manchester, New Hampshire, was president of the New Hampshire Medical Society (NHMS) in 1982; and

Whereas, Dr. Sherwin was a member of the New Hampshire Medical Society for 24 years; and

Whereas, Dr. Sherwin is best remembered for his love for the New Hampshire Medical Society--it was second to his home--his dedication to the Society was beyond belief; he was a noble role model; he was only the third recipient of the prestigious NHMS Josiah Bartlett Award, an award named for the New Hampshire physician who signed the Declaration of Independence; and

Whereas, Dr. Sherwin was a graduate of Colgate University and Albany Medical College; and

Whereas, Dr. Sherwin joined the US Marine Corps in 1951, and after earning his Navy wings was assigned Captain of the Marine Attack Squadron VMA-331; he was honorably discharged from the US Marine Corps in 1956 to pursue his lifelong dream of becoming a doctor of medicine; and

Whereas, Dr. Sherwin joined the staff at Elliot Hospital in Manchester, New Hampshire and opened his own orthopaedic practice in 1965; in 1969 he was joined by two other orthopaedists and together they founded New Hampshire Orthopaedic Surgery, PA, which now consists of nine physicians; he performed NH's first total hip replacement at Elliot Hospital; he held a US patent for the Sherwin Knee Retractor; and Dr. Sherwin was only the fifth recipient of the Elliot Hospital's Bill Green Award for his "selfless service," dedication, and lasting impact on the Elliot Hospital system; and

Whereas, Dr. Sherwin served organized medicine in many capacities over the past 39 years; most notably, he served on the NHMS Executive Committee for 24 years; was an NHMS Trustee for 8 years; was a member of the Hillsborough County Medical Society for 39 years; was a member of the New Hampshire Orthopaedic Society for 38 years, of which he served as President in 1968 & 1969; he became a Diplomate of the American Board of Orthopaedic Surgery in 1968; he became a Fellow of the American Academy of Orthopaedic Surgeons in 1970; and he was a member of the Yale Orthopaedic Association for 29 years; and

Whereas; Dr. Sherwin was a member of the American Medical Association for 39 years, serving as a Delegate to the Hospital Medical Staff Section from 1983-1990; an Alternate Delegate to the AMA House of Delegates for New Hampshire from 1984-1992; and a Delegate for New Hampshire from 1993-1996; Dr. Sherwin will be remembered for flying his plane to every AMA meeting, landing at Meigs Field in Chicago, saying "Goodnight" to his beloved airplane every night; and sharing his life with his family, his colleagues, and two of his constant and loyal canine companions, Peppy and Tripp; therefore be it

RESOLVED, That the delegates and staff of our American Medical Association express our profound sympathy to Dr. Sherwin's family, as well as our admiration, acknowledgment, and gratitude for Dr. John M. Sherwin's major contributions in organized medicine.

George W. Smith, MD
Introduced by Texas Delegation

Whereas, Family, friends and colleagues were deeply saddened by the loss of George W. Smith, MD, on February 27, 2004, at the age of 85; and

Whereas, His active involvement in medicine included service on the Texas Delegation to the American Medical Association House of Delegates from 1983 until 1995; many years of service in the Texas Medical Association House of Delegates; and service on the TMA Council on Medical Service for 12 years; and

Whereas, Doctor Smith devoted a lifetime to medical and community service, practicing family medicine in the town of Clarendon in the Texas Panhandle from 1956 to 1973, where he also served as the county health officer. In Clarendon, Dr. Smith took an abandoned facility, built in 1910, in a town which had no hospital for many years, reopened it and brought it into compliance with all state and federal regulatory agencies, including Medicare, and also established a fully accredited school of vocational nursing. His community involvement included serving as President of the Clarendon Chamber of Commerce and President of the Donley County Industrial Foundation; and

Whereas, After 17 years in family practice, Dr. Smith was recruited to the Veterans Affairs Medical Center in Amarillo by Texas Tech University School of Medicine, where he played a key role in establishing the Amarillo VA as the primary site for Texas Tech's clinical rotations. His presence in organized medicine at the local, state and national level served the VA well, as he was the chief of staff of Veterans Affairs Medical Centers in Amarillo, El Paso and Marlin, where he retired in 1994; and

Whereas, Dr. Smith served as an artillery field grade officer during World War II, retiring after four and one-half years as a lieutenant colonel. To pursue his dream of becoming a country doctor, he graduated from Southwestern Medical School in Dallas (now known as The University of Texas Southwestern Medical School at Dallas) in 1955, where he was president of his class all four years. His professional credentials included Diplomate, American Board of Family Practice, and Fellow, American Academy of Family Physicians; and

Whereas, George Smith was married to his college sweetheart, LeVerne Simmons, for 47 years until her death in 1988, and is survived by his devoted wife of 13 years, Bettye Norris Smith, and four children, son Charles Vernon Smith and daughters Sharon Reynolds, Janis Elmore and Laurie Becker. He also is survived by a brother, Harold Winston Smith, and seven grandchildren; therefore be it

RESOLVED, That the condolences and deeply felt sympathy of his colleagues and friends at our American Medical Association be extended to the family and many friends of George W. Smith, MD.

1. BYLAWS CHANGE TO EXPAND CRITERIA FOR AMA-YPS MEMBERSHIP
Introduced by Young Physicians Section

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association amend its Bylaws to change the practice component in AMA Young Physicians Section membership criteria from five years to eight years.

2. PRESUMED CONSENT FOR ORGAN DONATION
Introduced by Pennsylvania Delegation

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association support presumed consent for organ donation as a means of increasing the number of organs available for transplantation; and be it further; and be it further

RESOLVED, That our AMA pursue national implementation of such a policy.

3. GUIDELINES FOR PRESERVATION AND TRANSFER OF PATIENT RECORDS
OF A DECEASED OR RETIRED PRACTITIONER
Introduced by International College of Surgeons - US Section

HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 3:

RESOLVED, That our American Medical Association develop a guideline and program for preservation of patient records so that an individual may obtain his or her records and have continuity of care when a physician dies, retires or leaves the practice of medicine.

4. PHYSICIAN REVIEW BEFORE ORDERING LABORATORY
AND RADIOLOGICAL TESTS
Introduced by International College of Surgeons - US Section

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association favor the examination of a patient by a physician before acting on a patient request for laboratory or radiological tests.

5. UNIVERSAL OUT-OF-HOSPITAL DNR SYSTEMS
Introduced by Medical Student Section

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association investigate and support the development of a standardized nationwide out-of-hospital DNR system and report back at the 2005 Annual Meeting.

6. INTERNET AVAILABILITY OF THE NAMES OF EXPERT WITNESSES
Introduced by Florida Delegation

**HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES
 FOR REPORT BACK TO HOUSE OF DELEGATES
 AT 2004 INTERIM MEETING**

RESOLVED, That our American Medical Association develop, maintain, update monthly and make Internet-available the names of physicians who testify as expert witnesses both for the plaintiff and for the defendant in alleged medical malpractice cases, to the extent such information is published and readily available.

7. EXPERT WITNESS AFFIRMATION

**Introduced by American College of Surgeons, American Academy of Ophthalmology,
 American Academy of Orthopaedic Surgeons, American Academy of Otolaryngology -
 Head and Neck Surgery, American College of Obstetricians and Gynecologists,
 American Society of Anesthesiologists, American Society of Plastic Surgeons,
 and Society for Vascular Surgery**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association adopt the policy that all physicians serving as expert witnesses in medical liability litigation voluntarily sign an expert witness affirmation explicitly stating that they will adhere to the AMA's principles guiding expert witness testimony; and be it further

RESOLVED, That our AMA develop an expert witness affirmation with the collaborative and active involvement of national specialty societies (particularly those that already have expert witness affirmations) and state medical societies and work with specialty societies and state medical societies to identify mechanisms for reporting unethical testimony and develop common standards for responding to reports of unethical testimony; and be it further

RESOLVED, That our AMA present this expert witness affirmation to the House of Delegates at the 2004 Interim Meeting for consideration and adoption.

8. GIFTS TO PHYSICIANS FROM INDUSTRY--PARALLEL HOUSE POLICY
Introduced by District of Columbia Delegation

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association House of Delegates set separate parallel policy that allows physicians to accept "gifts" from industry under more realistic guidelines and to reflect the value of a physician's time, education, and opportunity costs (as in every other industry).

**9. AMA ADVOCACY OF FEDERAL FUNDING OF RESEARCH ON THE
 ETHICAL, LEGAL, AND SOCIAL IMPLICATIONS (ELSI)
 OF BIOTERRORISM PREPAREDNESS AND RESEARCH**

**Introduced by American Academy of Neurology,
 American College of Physicians, American College of Chest Physicians,
 and American Academy of Child and Adolescent Psychiatry**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association advocate that a portion of federal funding for bioterrorism preparedness programs and activities be dedicated for research on the ethical, legal, and social implications of bioterrorism preparedness and research.

RESOLUTION 10 WAS WITHDRAWN**11. REDEFINING IMG SECTION MEMBERSHIP
Introduced by International Medical Graduates Section****HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES FOR DECISION**

RESOLVED, That our American Medical Association modify its Bylaws so that all International Medical Graduate members of the Association are defined as members of the IMG Section, while continuing to allow provisional membership for IMGs who are not yet AMA members.

**12. HUMANE TREATMENT OF PRISONERS AND DETAINEES
Introduced by American College of Physicians****HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 12 ADOPTED:**

RESOLVED, That our American Medical Association reaffirm Policies E-2.067, H-65.981, H-65.991, and H-65.997; and be it further

RESOLVED, That our AMA endorse ongoing formal review of US interrogation practices of prisoners and detainees.

**101. IMPLANT REIMBURSEMENT FOR MEDICARE AND OTHER INSURERS
IN AMBULATORY SURGERY CENTERS
Introduced by Young Physicians Section****HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 101:**

RESOLVED, That our American Medical Association urge the Centers for Medicare and Medicaid Services to assure that all carriers comply with existing Medicare policy regarding payment to ambulatory surgery centers (ASCs) for implants and other items not included in the facility fee; and be it further

RESOLVED, That our AMA work with other affected groups to determine if changes in Medicare policy are needed to assure Medicare beneficiaries access to procedures in ASCs involving implants and other medical technology; and be it further

RESOLVED, That if changes in Medicare policy are needed to assure Medicare beneficiary access to procedures in ASCs involving implants and other medical technology, our AMA work with those groups affected by this to develop and/or support legislation for and implementation by Medicare and other insurers for payment for implants, technology augments, and instrument augments for procedures performed in the ambulatory surgery setting.

**102. MANDATE INSURANCE COVERAGE FOR
COMPREHENSIVE CONTRACEPTIVE SERVICES
Introduced by Missouri Delegation****HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 102:**

RESOLVED, That our American Medical Association reaffirm AMA Policy H-75.991 by urging Congress to pass legislation providing comprehensive contraceptive services to the poor and sexually active teenagers; and be it further

RESOLVED, That our AMA urge that such legislation require health insurers to cover contraception.

103. ADEQUATE REIMBURSEMENT RATES FOR DIAGNOSTIC MAMMOGRAPHY
Introduced by Resident and Fellow Section

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association amend existing AMA Policy H-330.905, "Adequate Reimbursement for Screening Mammography," to read as follows:

Our AMA supports pending legislation and/or seeks regulation that would enhance women's timely access to mammography services by adequate payment for Medicare screening and diagnostic mammography at a rate commensurate with the a-cost of services by ~~appropriating~~ apportioning additional funds from the general fund and by not requiring reductions in payment for any other services.

104. VOLUNTARY ENROLLMENT OF VULNERABLE PATIENTS
IN MANAGED CARE PROGRAMS
Introduced by Organized Medical Staff Section

HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 104:

RESOLVED, That our American Medical Association adopt a policy that enrollment of vulnerable populations of the aged, blind, and disabled into any managed care program be by an active and voluntary elective process and not by default.

105. ENSURING CHOICE IN THE HEALTH INSURANCE MARKET
Introduced by Washington Delegation

HOUSE ACTION: POLICIES H-160.966[3] AND H-385.976[2] REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 105:

RESOLVED, That our American Medical Association develop a report describing the root causes and adverse effects of the concentrated health insurance market, and report back to the House of Delegates by the 2004 Interim Meeting; and be it further

RESOLVED, That our AMA develop a comprehensive proposal to encourage the development of effective nationwide health insurance market competition, and report back to the House of Delegates by the 2004 Interim Meeting.

106. THE ECONOMIC IMPACT ON PHYSICIAN REIMBURSEMENT OF THE
SHIFTING OF INPATIENT MEDICARE PART A SERVICES TO
OUTPATIENT MEDICARE PART B SERVICES
Introduced by Pennsylvania Delegation

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association study the effect on physician reimbursements of the shifting of open-ended inpatient Medicare Part A services to capped outpatient Medicare Part B services; and be it further

RESOLVED, That if a study reveals that there is a significant decrease in physician reimbursement resulting from the shifting of open-ended inpatient Medicare Part A services to capped outpatient Medicare Part B services, that our AMA pursue all appropriate legislative and/or regulatory action to correct for both prior and ongoing physician losses under Medicare Part B reimbursements.

107. ENDING DISCRIMINATION AGAINST CONTRACEPTION
Introduced by Medical Student Section

HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 107:

RESOLVED, That our American Medical Association support the concept of equity among all forms of prescription contraception in order to offer women the option of affordable contraceptives which would include support from state and federal agencies.

108. UNINSURED HOSPITAL CHARGES
Introduced by International College of Surgeons - US Section

HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 108:

RESOLVED, That our American Medical Association take action to encourage the development of a program to eliminate the inequities in patient charges.

109. SINGLE SET OF RULES FOR PHYSICIAN REIMBURSEMENT
Introduced by New York Delegation

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association establish as its policy that there be only one set of rules, policies and regulations relating to quality medical care, physician reimbursement, and coverage issues in any future systems of physician reimbursement; and

RESOLVED, That our AMA seek legislation that requires health plans to adopt, as a minimum, the Medicare program's local coverage determinations (LCDs) that have been evaluated by national specialty medical and surgical societies.

110. RESOURCE-BASED RELATIVE VALUE SCALE REVISITED
Introduced by New York Delegation

HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 110:

RESOLVED, That our American Medical Association seek appropriate revisions under the Practice Expense (PE) component of the Resource Based Relative Value Scale (RBRVS) which would more accurately reflect the true value of physician services; and be it further

RESOLVED, That our AMA pursue regulation and/or legislation that would require health plans using the RBRVS system of reimbursement to employ this newly developed and improved methodology to more accurately reflect the value of physician services.

111. TIME FRAMES FOR MEDICARE ENROLLMENT
Introduced by New York Delegation

Resolution 111 was considered together with Resolution 132
see page 368

**112. 72-HOUR HOSPITAL ADMISSION RULE FOR TRANSFER
TO AN ALTERNATE LEVEL OF CARE
Introduced by New York Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 112:**

RESOLVED, That our American Medical Association petition Congress and the Center for Medicare and Medicaid Services for the elimination of the three-day qualifying hospital stay requirements for payment for admission to an alternative level of care; and be it further

RESOLVED, That our AMA seek an increase in reimbursement for palliative care and sub-acute care to allow for expansion to intravenous and hydration therapies.

**113. ELIMINATION OF FINANCIAL CAPS FOR MEDICARE BENEFICIARIES
IN NEED OF OUTPATIENT PHYSICAL THERAPY, SPEECH THERAPY,
AND/OR OCCUPATIONAL THERAPY
Introduced by New York Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 113:**

RESOLVED, That our American Medical Association urge the Centers for Medicare and Medicaid Services (CMS) to revisit the arbitrary institution of financial caps on physical therapy, speech therapy and occupational therapy; and be it further

RESOLVED, That our AMA urge CMS to reevaluate the present caps on physical therapy, speech therapy and occupational therapy that are unrealistically low to meet the medical needs of the Medicare population and that coverage for these services should be based on medical necessity not a dollar amount.

RESOLUTION 114 WAS WITHDRAWN

**115. AGENCY TO BUY DRUGS AT BULK RATE
Introduced by Resident and Fellow Section**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 115:**

RESOLVED, That our American Medical Association perform a study to evaluate the potential of bulk discounts for prescription and over-the-counter medications in an effort to decrease the rising costs of medical care in the US.

**116. MEDICARE PATIENT ACCESS TO IMPLANTABLE MORPHINE PUMPS
Introduced by California Delegation**

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association continue to work with the Centers for Medicare and Medicaid Services (CMS) and NHIC to eliminate the inadequacies of reimbursement and the obstacles to getting paid for using implantable morphine pumps in Medicare patients; and be it further

RESOLVED, That our AMA seek:

1. A single code with adequate reimbursement for placing of the intrathecal programmable pumps.
2. A single code that will be adequately reimbursed to cover all aspects of the refill of these pumps including without limit drug costs, refill kit costs, etc., and permit the use of off label drugs.
3. A single code that will be adequately reimbursed for adjusting pump dose.
4. Rules to prevent the inappropriate use of these codes and treatment of these patients.
5. Rules to permit electronic submission and payment of these codes without hassle as described in the report.

**117. NATUROPATHIC PRACTITIONERS ON
MEDICARE COVERAGE ADVISORY COMMITTEE
Introduced by California Delegation**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association oppose the appointment of naturopathic practitioners to the Medicare Coverage Advisory Committee.

**118. GIVING STATES NEW OPTIONS TO IMPROVE COVERAGE FOR THE POOR
Introduced by American College of Physicians, American Academy of Family Physicians,
American Academy of Pediatrics, American College of Emergency Physicians,
American College of Obstetricians and Gynecologists, Alaska Delegation,
and Oregon Delegation**

HOUSE ACTION: ADOPTED IN LIEU OF RESOLUTION 120

RESOLVED, That our American Medical Association advocate that state governments be given the freedom to develop and test different models for improving coverage for patients with low incomes, including combining advance and refundable tax credits to purchase health insurance coverage with converting Medicaid from a categorical eligibility program to one that allows for coverage of additional low-income persons based solely on financial need, and be it further

RESOLVED, That our AMA advocate for changes in federal rules and federal financing to support the ability of states to develop and test such alternatives without incurring new and costly unfunded federal mandates or capping federal funds; and be it further

RESOLVED, That our AMA continue to work with interested state medical associations, national medical specialty societies, and other relevant organizations to further develop such state-based options for improving health insurance coverage for low-income persons, and be it further

RESOLVED, That our AMA direct the Council of Medical Service to conduct a study of various alternatives and demonstration projects for expanding health insurance coverage for low-income persons and on progress concerning development of new state options for improving the effectiveness of public health safety net programs and report back at the 2005 Annual Meeting.

**119. MEDICARE DEMONSTRATION PROJECTS
Introduced by Minnesota Delegation**

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association lobby for and support demonstration projects funded by the federal government through the Centers for Medicare and Medicaid Services (CMS) to reduce the cost of Medicare by improving the appropriateness and quality of care provided.

**120. TAX DEDUCTIONS/CREDITS FOR PHYSICIANS TREATING
MEDICALLY UNINSURED/UNDERINSURED PATIENTS
Introduced by Oklahoma Delegation**

Resolution 120 was considered together with Resolution 118
see page 365

**121. TAX DEDUCTIONS FOR PRIVATE HEALTH INSURANCE BY
INDIVIDUALS--ACUTE CARE AND LONG-TERM CARE
Introduced by District of Columbia Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 121:**

RESOLVED, That our American Medical Association support the general concept that baseline health insurance premiums and long-term health insurance premiums be tax deductible for individuals, and report back at the 2005 Annual Meeting.

**122. DIVISION OF MEDICARE INTO A PROGRAM FOR ELDERLY
AND A PROGRAM FOR THE DISABLED
Introduced by District of Columbia Delegation**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association refer to the appropriate Council the issue of dividing Medicare into two programs, one for seniors and one for the disabled, which will allow a more appropriate analysis of budgetary, policy, and strategic planning of the two programs; and be it further

RESOLVED, That our AMA report its results back to the House of Delegates at the 2005 Annual Meeting.

**123. POWER WHEELCHAIRS AND SCOOTERS
INSURANCE AND MEDICARE POLICIES
Introduced by Wisconsin Delegation**

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES FOR DECISION

RESOLVED, That the our American Medical Association encourage power wheelchair and scooter insurance coverage not only for individuals who are bed or chair-bound, and cannot operate a manual wheelchair and can safely operate the controls of a power wheelchair, but also for individuals who are chronically, intermittently bed or chair-bound, where some limb strength might be preserved yet other factors such as pain, fatigue or dyspnea on exertion limit functional ambulation, or where ambulation is so limited that activities of daily living within the house (current power wheelchair requirement), or normal domestic, vocational, and social activities around the house and outside of the house (current scooter requirement) would be compromised (as determined by an appropriate specialist).

RESOLUTION 124 WAS CHANGED TO RESOLUTION 227

RESOLUTION 125 WAS CHANGED TO RESOLUTION 228

126. FEE-WAIVED MEDICAL LICENSURE FOR VOLUNTEER PHYSICIANS
Introduced by Michigan Delegation

HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 126:

RESOLVED, That our American Medical Association encourage other states to create a licensure category for Volunteer Service Physicians under which a volunteer physician may not accept payment for their services, must complete continuing medical education requirements, are exempt from payment of license renewal fees, and may resume active status upon payment of licensure fees.

127. CMS RULE REGARDING ROUTE OF ADMINISTRATION OF DRUGS
Introduced by Oregon Delegation

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association request the Centers for Medicare and Medicaid Services (CMS) to change the current rule regarding the determination of self-administered drugs so that each route of administration is independently calculated to determine the 50% rule in considering whether the drug is covered; and be it further

RESOLVED, That if CMS cannot change the rule, that our AMA encourage Congress to amend this portion of Section 112 of the Medicare, Medicaid and State Children's Health Insurance Program (SCHIP) Benefits Improvement Act of 2000 (BIPA 2000) to allow for such a change.

128. THE PROMOTION OF PUBLIC HEALTH THROUGH
AMA HEALTH SYSTEM REVIEW
Introduced by American Association of Public Health Physicians

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association convene an Open Forum discussion at the 2004 Interim Meeting on the subject of health system reform at which experts representing universal coverage under a pluralistic model, and experts representing a single payer model, discuss the pros and cons of each system; and be it further

RESOLVED, That the proceedings of the panel discussion be published and distributed to AMA membership; and be it further

RESOLVED, That the issues presented during the debate be reviewed by the Board of Trustees and a report summarizing the information be presented to the House of Delegates at the 2005 Annual Meeting.

129. MEDICARE PRESCRIPTION DRUG COVERAGE AND THERAPEUTIC SUBSTITUTIONS
Introduced by Ohio Delegation

HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 129:

RESOLVED, That our American Medical Association study the effect of the Medicare Modernization Act on the availability of optimal, effective and appropriate pharmaceutical agents for Medicare beneficiaries, and the Act's impact on physician work burden and associated practice costs.

130. LIABILITY PROTECTION FOR VOLUNTEER PHYSICIANS
Introduced by Arizona Delegation

Resolution 130 was considered together with Report 17 of the Board of Trustees
 see page 80

131. PROMOTING A NATIONAL HEALTH CARE FORUM
Introduced by Organized Medical Staff Section

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES
FOR REPORT BACK TO HOUSE OF DELEGATES
AT 2004 INTERIM MEETING

RESOLVED, That our American Medical Association develop a plan to host a National Health Care Forum in 2005 whose mission would be to design and promulgate a rational and fair set of recommendations with respect to access to health care and the financing of health care; and be it further

RESOLVED, That the National Health Care Forum be moderated by the AMA and include adequate representation from the medical profession and organized medicine, the insurance industry, the Centers for Medicare and Medicaid Services, the business community, the legal community, hospitals, nursing homes, allied health professionals, consumers, and others determined by our Board of Trustees to have a significant interest in the provision of health care.

132. MEDICARE PROVIDER ENROLLMENT SYSTEM (PECOS)
Introduced by Organized Medical Staff Section

HOUSE ACTION: ADOPTED AS FOLLOWS IN LIEU OF RESOLUTION 111:

RESOLVED, That our American Medical Association advocate that the Centers for Medicare and Medicaid Services (CMS): (1) find an immediate solution to the Provider Enrollment Chain and Ownership System problems, so that enrollment applications are processed in a timely manner, and (2) provide a definitive date when this backlog of applications will be resolved; and be it further

RESOLVED, That our AMA advocate that CMS be instructed to assure interest penalties be paid to providers, who have been unable to bill for extended periods of time; and be it further

RESOLVED, That our AMA advocate that CMS be instructed to establish a process whereby, upon request, the carrier is authorized to advance funds to physicians who do not yet have their enrollment number due to the enrollment backlog; and be it further

RESOLVED, That our AMA advocate that CMS be instructed that the National Provider Identifier initiative is not to proceed until such time as providers are assured that prepayment will be provided for all delayed processing of enrollment; and be it further

RESOLVED, That our AMA advocate that CMS determine how the enrollment/PECOS delay may be impacting the submission of HIPAA compliant electronic claims.

133. NEW DRG FOR SEVERE SEPSIS
Introduced by Society of Critical Care Medicine

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association explicitly recognize that severe sepsis is a clinically coherent condition associated with a high mortality deserving of its own Diagnostic Related Group (DRG); and be it further

RESOLVED, That our AMA submit a response to the Centers for Medicare & Medicaid Services during the public comment period urging the CMS to explicitly recognize severe sepsis as a clinically coherent condition associated with a high mortality, and a patient population displaying similar characteristics in terms of outcome and costs incurred for treatment, thereby deserving its own DRG.

201. INSPECTOR GENERAL TO RULE ON EXCLUSIVE CREDENTIALING
Introduced by Organized Medical Staff Section

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association press the US Department of Health and Human Services, Office of the Inspector General to rule on whether exclusive credentialing as practiced by some hospitals/health care institutions constitutes violation of fraud and abuse laws and regulations; and be it further

RESOLVED, That our AMA communicate physicians' ire over the inordinate delay by the Office of the Inspector General in addressing the exclusive credentialing issue.

202. REFORM OF CIVIL JUSTICE SYSTEM
Introduced by J. Chris Hawk, III, MD, Delegate, South Carolina

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association notify physicians that, except in emergencies and except as otherwise required by law or other professional regulation, it is not unethical to refuse care to plaintiffs' attorneys and their spouses; and

RESOLVED, That our AMA organize a national task force, forum, or town meeting to reform the civil justice system, or get medical professional liability moved to an alternate dispute system, with report back by the 2005 Annual Meeting; and

RESOLVED, That our AMA continue its efforts to reform the US health care system.

203. MODEL STATE EXECUTION STATUTES
TO EXCLUDE HEALTH PROFESSIONALS
Introduced by Illinois Delegation

HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 203:

RESOLVED, That our American Medical Association advise other state medical societies to review their state execution statutes to ensure that professionally unethical involvement in state executions is not required or shielded from professional peer review; and be it further

RESOLVED, That our AMA insist that the federal government assure United States physicians that professionally unethical conduct in federal executions is not required or shielded from professional peer review; and be it further

RESOLVED, That our AMA encourage all other state medical societies to join with it, and contact the National Conference on State Legislatures to present Illinois HB 1487/SB 0277 as a model for state execution statutes.

204. PARTNER CO-ADOPTION
Introduced by Medical Student Section

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association support legislative and other efforts to allow the adoption of a child by the same-sex partner, or opposite sex non-married partner, who functions as a second parent or co-parent to that child.

205. DURABLE MEDICAL EQUIPMENT (DME) FOR MEDICARE RECIPIENTS
Introduced by Florida Delegation

HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 205:

RESOLVED, That our American Medical Association continue to seek legislation which would limit the direct marketing to Medicare recipients for Durable Medical Equipment (DME) as provided for in H-330.945; and be it further

RESOLVED, That our AMA consider asking for appropriate coding for reimbursement to physicians for paperwork that is required to fill DME requests for Medicare recipients; and be it further

RESOLVED, That our AMA support ongoing fraud investigations by the Department of Health and Human Services into use and misuse of DME funds for Medicare recipients.

**206. PROTECTING PATIENT PRIVACY AGAINST FEDERAL,
STATE, OR LOCAL GOVERNMENTAL INTRUSION**
Introduced by New York Delegation

**HOUSE ACTION: FIRST AND THIRD RESOLVES OF FOLLOWING
SUBSTITUTE RESOLUTION 206 ADOPTED
WITH CHANGE IN TITLE IN LIEU OF
RESOLUTIONS 206, 210, 221, AND 232 AND SECOND RESOLVE
REFERRED TO BOARD OF TRUSTEES FOR DECISION**

RESOLVED, That our American Medical Association reaffirm Policy H-5.993, "Right to Privacy in Termination of Pregnancy," and H-315.983, "Patient Privacy and Confidentiality"; and be it further

RESOLVED, That our AMA oppose federal, state or local governmental entity intrusions on the physician-patient relationship and oppose any request by outside bodies for confidential patient medical records without a valid legal justification or without appropriate patient authorization; and be it further

RESOLVED, That our AMA communicate to the President and the US Department of Justice our concern over the recent issuing of subpoenas by the US Department of Justice for the private medical records of any patient, including those patients who have had miscarriages and abortions.

207. MEDICARE PAYMENTS
Introduced by New York Delegation

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association petition Congress and the Centers for Medicare and Medicaid Services for an immediate increase in Medicare payments to physicians to equal the 10.6% increase in the payment rate that was given to the Medicare managed care organizations as a result of the Medicare Modernization Act.

208. DEA NUMBER
Introduced by New York Delegation

**HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 208 ADOPTED
IN LIEU OF RESOLUTIONS 208 AND 217:**

RESOLVED, That our American Medical Association make a renewed effort to stop the misuse of Drug Enforcement Administration (DEA) numbers by petitioning the US Department of Justice and/or any other appropriate federal agency to seek an immediate injunction or any other appropriate legal remedy to limit the use of DEA numbers to controlled substance prescriptions only; and be it further

RESOLVED, That our AMA vigorously implement Policy H-100.972 regarding the appropriate use of DEA numbers.

209. FREEDOM OF CHOICE IN MALPRACTICE COVERAGE LIMITS
**Introduced by Connecticut, Maine, Massachusetts, New Hampshire,
Rhode Island, and Vermont Delegations**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 209:**

RESOLVED, That, in order to enhance freedom of choice in the selection of medical professional liability insurance coverage, our American Medical Association advocate with health insurance plans, hospital staffs, and other pertinent health care entities that any mandatory malpractice insurance coverage limit requirement higher than the state minimum should be eliminated.

210. RIGHT TO PRIVACY IN PREGNANCY
**Introduced by Connecticut, Maine, Massachusetts, New Hampshire,
Rhode Island, and Vermont Delegations**

Resolution 210 was considered together with Resolutions 206, 221, and 232
see page 370

211. PRESCRIPTION DRUG PRICES AND MEDICARE
Introduced by California Delegation

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association support federal legislation which gives the Secretary of the Department of Health and Human Services the authority to negotiate contracts with manufacturers of covered Part D drugs.

212. AFFORDABILITY OF THE MEDICARE PRESCRIPTION DRUG PROGRAM
Introduced by District of Columbia Delegation

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association refer to the appropriate Council the issue of exploring reasonable mechanisms for medications to be safely reimported, under Food and Drug Administration guidance, from other countries and report its results back to the House of Delegates at the 2004 Interim Meeting; and be it further

RESOLVED, That our AMA refer to the appropriate Council the issue of allowing Medicare to collectively negotiate drug prices with the pharmaceutical industry, as one large entity; and report back to the House of Delegates at the 2004 Interim Meeting; and be it further

RESOLVED, That our AMA refer to the appropriate Council the idea of individual states being allowed to collectively negotiate drug prices with the pharmaceutical industry, and report back to the House of Delegates at the 2004 Interim Meeting; and be it further

RESOLVED, That our AMA refer to the appropriate Council other mechanisms to bring down the price of prescription drugs in the United States, as well as other possible federal price control mechanisms, and report back to the House of Delegates at the 2004 Interim Meeting.

213. LIABILITY SURCHARGES IN PHYSICIAN OFFICES
Introduced by District of Columbia Delegation

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES
FOR REPORT BACK TO HOUSE OF DELEGATES
AT 2004 INTERIM MEETING

RESOLVED, That our American Medical Association study, support, and develop guidelines on the issue of per office visit "liability surcharges" in physician offices, and report back to the House of Delegates at the 2004 Interim Meeting.

214. MEDICAL CARE MUST STAY CONFIDENTIAL
Introduced by Michigan Delegation

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association strongly oppose any federal legislation requiring physicians to establish the immigration status of their patients.

215. IMPORTATION OF MEDICAL DRUGS
Introduced by Illinois Delegation

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association endorse appropriate testing and labeling of drugs imported by individuals for their personal use to assure safety and efficiency; and be it further

RESOLVED, That our AMA urge adoption of legislation or regulation necessary to permit the procurement and use of medications from non-US sources by residents of the United States once the safety of those drugs is assured.

**216. MALPRACTICE REFORM
Introduced by Illinois Delegation**

**HOUSE ACTION: POLICY H-435.957 REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 216:**

RESOLVED, That our American Medical Association support only legislative activities with regard to medical liability reform that represent all physicians equally.

**217. DEA NUMBER
Introduced by Illinois Delegation**

Resolution 217 was considered together with Resolution 208
see page 371

**218. DENIGRATION OF PHYSICIANS BY GOVERNMENT
Introduced by Illinois Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 218:**

RESOLVED, That our American Medical Association provide its members with sample contracts and other materials, and educate them about their right to privately contract with their patients.

**219. ANTITRUST RELIEF
Introduced by Illinois Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 219:**

RESOLVED, That our American Medical Association work to overturn restrictive/unfavorable court interpretations of antitrust statutes and allow physicians to price their services as other businesses do; and be it further

RESOLVED, That our AMA develop legislation relieving physicians of the intolerable burden of price-fixing by insurers and government to allow physicians to compete in a level business environment.

**220. MOVING DRUG COSTS OUT OF MEDICARE PART B
Introduced by South Carolina Delegation**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association urge Congress and/or the Centers for Medicare and Medicaid Services to establish a new budget pool under Medicare, separate from Medicare Part B, that would include drugs and agents now in Part B and also all covered drugs in the Medicare Program including the new Prescription Drug Benefit.

**221. DEPARTMENT OF JUSTICE ACCESS TO
CONFIDENTIAL MEDICAL RECORDS
Introduced by Colorado Delegation**

Resolution 221 was considered together with Resolutions 206, 210, and 232
see page 370

**222. AFFORDABLE PRESCRIPTION DRUGS
Introduced by Michigan Delegation**

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association ask for national legislation to make it legal for Americans to purchase prescription drugs from other countries for medications that are currently legal in the United States and that meet the same quality standards.

**223. EXCESSIVE TELEPHONE WAIT TIMES FOR PHYSICIAN APPEALS
OF MANAGED CARE DECISIONS ON PATIENT CARE
Introduced by Resident and Fellow Section**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association specifically encourage Congress to write legislation mandating that managed care organizations be required to staff physician contact phone numbers concerning appeals for denied care sufficiently to maintain no more than a five minute average wait time.

**224. UNINTERRUPTED ACCESS TO MEDICAL ISOTOPES
Introduced by Society of Nuclear Medicine, American College of Cardiology,
American College of Nuclear Physicians, and
American College of Nuclear Medicine**

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES FOR DECISION

RESOLVED, That our American Medical Association support the medical isotope provision of S. 2095, the "Energy Policy Act of 2003"; and be it further

RESOLVED, That our AMA oppose amendments to S. 2095 designed to weaken provisions for the use of highly enriched uranium (HEU) in the United States prior to the development of methods to obtain adequate radiopharmaceutical supplies for medical needs from low enriched uranium (LEU) targets.

**225. POSITIVE VERIFICATION OF CONTACT LENS PRESCRIPTIONS
Introduced by Illinois Delegation**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association support positive prescription verification for contact lenses and recommend that the federal government monitor the effects of the Fairness to Contact Lens Consumers Act (FCLCA) on the accuracy of prescriptions.

226. PROFESSIONAL LIABILITY INSURANCE EXPENSE PASS THROUGH
Introduced by Ohio Delegation

HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 226:

RESOLVED, That our American Medical Association support the position, that physicians should have the option to separate out the cost of professional liability insurance and pass it on to the purchaser of health care services, independent, separate, and protected from other contractual agreements and requirements that are otherwise in place; and be it further

RESOLVED, That our AMA devise a plan to implement this position at the federal level to include federal government-sponsored health care programs.

227. PHYSICIAN ADMINISTRATIVE FEES
Introduced by Maryland Delegation

HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 227:

RESOLVED, That our American Medical Association adopt policy advocating that physicians may charge administrative fees to all patients as a non-medical expense; and be it further

RESOLVED, That our AMA work on the federal and state level to ensure that these fees are not in violation of any governmental or insurance laws or regulations.

228. ADMINISTRATIVE SURCHARGES
Introduced by Illinois Delegation

HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 228:

RESOLVED, That our American Medical Association adopt a policy position that affirms the right of physicians to levy a nominal per visit surcharge for administrative costs on patients to help defray increasing overhead costs where such charges are not otherwise prohibited by state or federal law or regulation.

229. DUTY-FREE MEDICAL EQUIPMENT AND SUPPLIES
DONATED TO FOREIGN COUNTRIES
Introduced by Arizona Delegation

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association seek, through the federal government, a process to allow for duty-free donations of medical equipment and supplies, which are intended to reach medically-underserved areas and not be used for profit, to foreign countries.

**230. ALTERNATIVE DISPUTE MECHANISMS
Introduced by Arizona Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 230:**

RESOLVED, That our American Medical Association seek alternative dispute mechanisms which would take medical adverse outcomes issues out of the tort system and establish appropriate criteria for compensable injuries and compensate patients subjected to actual medical malpractice.

**231. PROFESSIONAL LIABILITY ALTERNATIVE FINANCING
Introduced by Iowa Delegation**

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association study the feasibility of seeking federal legislation for a tax-exempt alternative financing mechanism specific to physician groups' ability to retain earnings in a private professional liability trust solely for medical liability insurance coverage.

**232. PROTECTING PATIENT PRIVACY AGAINST
FEDERAL JUDICIAL INTRUSION
Introduced by Resident and Fellow Section**

Resolution 232 was considered together with Resolutions 206, 210, and 221
see page 370

**233. JOB REQUIREMENTS FOR THE UNDER SECRETARY FOR HEALTH,
DEPARTMENT OF VETERANS AFFAIRS
Introduced by Section on Medical Schools**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association strongly advocate, directly and in conjunction with Association of American Medical Colleges and other appropriate interested organizations, that Section 8 language in H.R. 4231 maintain the required search committee, the current four-year term of appointment, and the requirement that the Under Secretary of Health of the Department of Veterans Affairs be a medical doctor.

**234. CHANGES IN THE EMERGENCY MEDICAL TREATMENT
AND ACTIVE LABOR ACT
Introduced by Section on Medical Schools**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association study the impact that the new EMTALA regulations will have on patient care particularly at academic medical centers and at facilities in less populous regions, and report back to the AMA House of Delegates at the 2005 Annual Meeting.

235. PHYSICIAN OWNERSHIP AND REFERRAL FOR IMAGING SERVICES
Introduced by American College of Cardiology, American College of Physicians,
American Urological Association, American Association of Neurological Surgeons,
Congress of Neurological Surgeons, American Gastroenterological Association,
American Academy of Orthopaedic Surgeons, American College of Obstetricians
and Gynecologists, and American Medical Group Association

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association reaffirm current policy relating to physician self-referral; and be it further

RESOLVED, That our AMA work collaboratively with state medical societies and specialty societies to actively oppose any and all federal and state legislative and regulatory efforts to repeal the in-office ancillary exception to physician self-referral laws, including as they apply to imaging services.

301. PROTECTING THE PRIVACY OF PHYSICIAN INFORMATION
HELD BY THE ACGME
Introduced by Resident and Fellow Section

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association request that the Accreditation Council for Graduate Medical Education (ACGME) and any other organization with a similar case and procedure log for resident physicians develop and implement a system to remove or sufficiently protect identifying data from individual physicians' data logs; and be it further

RESOLVED, That our AMA request that the ACGME and any other organization with a similar case and procedure log for resident physicians adopt a policy not to disseminate any data specific to individual physicians without the written consent of the physician.

302. MEDICAL STUDENT AND RESIDENT PHYSICIAN EDUCATION ABOUT
PHARMACEUTICAL ADVERTISING TO HEALTH PROFESSIONALS
Introduced by Connecticut, Maine, Massachusetts, New Hampshire,
Rhode Island, and Vermont Delegations

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association encourage all medical schools and residency programs to educate their students and resident physicians on the possible effects of pharmaceutical advertising and interaction with health professionals and on alternative unbiased sources of information about pharmaceutical products through the AMA curriculum, "What You Should Know About Gifts to Physicians From Industry."

303. ASSESSMENT AND REGULATION OF PROCEDURAL COMPETENCY
Introduced by Resident and Fellow Section

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association encourage specialty societies to determine where minimum frequency standards for procedural competency are appropriate and develop those standards.

304. NON-PHYSICIAN “FELLOWSHIP” PROGRAMS
Introduced by American Society of Anesthesiologists,
California Delegation, and Michigan Delegation

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES
FOR REPORT BACK TO HOUSE OF DELEGATES
AT 2004 INTERIM MEETING

RESOLVED, That our American Medical Association publicly condemn use of the terms “fellowship” or “fellow” in connection with specialized non-physician training because of the risk of suggesting equivalency with specialty medical training undertaken by physicians following completion of a core residency program; and be it further

RESOLVED, That our AMA communicate this view to any and all non-physician organizations engaged or proposing to engage in the creation or sponsorship of these non-physician training programs.

305. SUPPORT OF BUSINESS OF MEDICINE EDUCATION
FOR MEDICAL STUDENTS
Introduced by Medical Student Section

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association encourage all US medical schools to provide students with a basic foundation in medical business, drawing upon curricular domains referenced in *Undergraduate Medical Education for the 21st Century (UME-21)*, in order to assist students in fulfilling their professional obligation to patients and society in an efficient, ethical, and cost-effective manner.

306. PROVIDING DENTAL AND VISION INSURANCE TO
MEDICAL STUDENTS AND RESIDENT PHYSICIANS
Introduced by Medical Student Section

HOUSE ACTION: ADOPTED WITH CHANGE IN TITLE

RESOLVED, That American Medical Association Policy H-295.942[3] be amended by insertion to read as follows:

(3) medical schools and residency training programs to pay for or offer comprehensive and affordable health insurance coverage, including but not limited to medical, dental, and vision care, to medical students and residents which provides no less than the minimum benefits currently recommended by the AMA for employer-provided health insurance and to require enrollment in such insurance;....

307. OPPOSITION TO CLINICAL SKILLS EXAMINATIONS
FOR PHYSICIAN MEDICAL RELICENSURE
Introduced by Medical Student Section

HOUSE ACTION: ADOPTED AS FOLLOWS IN LIEU OF RESOLUTION 313:

RESOLVED, That our American Medical Association oppose clinical skills examinations for the purpose of physician medical relicensure; and be it further

RESOLVED, That our AMA reaffirm its support for continuous quality improvement of practicing physicians; and support research into methods to improve clinical practice, including practice guidelines; and be it further

RESOLVED, That our AMA continue to support the implementation of quality improvement through local professional, non-governmental oversight.

**308. ADDITIONS TO UNITED STATES MEDICAL LICENSURE EXAMINATION AND
COMPREHENSIVE OSTEOPATHIC MEDICAL LICENSURE EXAMINATION
Introduced by Medical Student Section**

HOUSE ACTION: ADOPTED AS FOLLOWS WITH CHANGE IN TITLE:

RESOLVED, That our American Medical Association oppose additions to the United States Medical Licensure Examination and Comprehensive Osteopathic Medical Licensure Examination that lack predictive validity for future performance as a physician.

**309. NATIONAL RESIDENCY MATCH PROGRAM REFORM
Introduced by California Delegation**

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association work with the National Residency Match Program to seek reforms to the NRMP to include the following basic principles:

1. Rank ordering must continue to prefer student, not program choices.
2. Programs and students must continue to be able to get second, third and lower choices.
3. Couples must continue to be able to apply dually.
4. Antitrust laws must be followed.
5. Transaction costs must be kept to reasonable levels.
6. Residents must continue to be recognized as "labor."
7. Training and education must be dominant vs. "scut work" in any realignment of work hours.
8. Programs must be able to continue their "safety net" function.
9. All solicitations must avoid "exaggeration of interest"; and be it further

RESOLVED, That our AMA work with the National Residency Match Program to seek reforms to the NRMP to include the following requirements:

1. The Match should be continued, not abolished.
2. The Match should continue to be held in March.
3. Programs should not be permitted to remove positions from the Match once they have committed these positions to it. Students should not be permitted to withdraw from the Match after the deadline for submission of the "rank order" to the Match.
4. Students should be allowed to "opt out" of the NRMP Match without penalty when there are extenuating circumstances.
5. Programs should pay all the costs of the Match, i.e., no cost to students.
6. Solicitation of students by programs should not begin before October 1.
7. Programs should provide a "draft" contract to students on request, anytime after October 1, and it should be negotiable up until the student submits their rank-order for program preference.
8. Programs must make all information they share with other programs available to students, i.e., "transparent."
9. The Osteopathic Match should be incorporated into a single all-students Match; and be it further

RESOLVED, That our AMA support working with the National Residency Match Program to seek reforms to the NRMP that should include the following requirements:

1. Non-US medical school graduates should not be treated the same as US graduates by the Match.
2. Programs should be allowed to provide "commentary" about their programs referable to other programs, e.g., regional averages for salary.
3. The US Military Residency Selection process should not be incorporated into the Match; and be it further

RESOLVED, That our AMA address the following issues, for which there has not been consensus, in any modification of the NRMP:

1. The Match should not allow short (less than 7 days) deadlines for responses to position offerings.
2. If any revised Match allows a student the option to refuse the program with which the student matches, then all programs the student applied to must give the student a sufficient amount of time (not less than 7 days, not more than 30 days) to respond to the offers tendered.
3. Programs should be allowed to offer some positions outside of the Match.
4. Programs should be permitted to continue to set aside a specified portion of available positions (___ %) for students they recruit outside of the Match. Some or all of these positions can be re-entered into the Match, but no later than (___) weeks before the Match.
5. Students should be allowed to "opt out" of their matched residency if they want to try for another position via a secondary Match.
6. Students should not be allowed to "opt out" without penalty after the Match, i.e., seek other program opportunities than the ones with which they have matched.
7. Students should continue to have access, secured and confidential, to the FREIDA database, and programs should not be able to access the data of the other programs.
8. The Accreditation Council for Graduate Medical Education should continue to review only such program data as necessary to set standards that assure proper residency educational experience, workload and program viability.
9. There should be a body that oversees and recommends fair salaries for residents.

310. MEDICAL STUDENT CLINICAL TRAINING AND EDUCATION CONDITIONS
Introduced by Medical Student Section

**HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES
 FOR REPORT BACK TO HOUSE OF DELEGATES
 AT 2004 INTERIM MEETING**

RESOLVED, That our American Medical Association:

1. Commend the Liaison Committee on Medical Education for addressing the issue of the medical student learning environment including student clerkship hours;
2. Urge the LCME to adopt specific medical student clinical training and educational guidelines for the clerkship years including:
 - No more than one night on call every three nights;
 - No more than 80 hours total of clinical training and education time per week averaged over four weeks;
 - No more than 24 consecutive hours on call; and
3. Recommend that the LCME revisit the issue of medical student clinical training and education conditions every five years for revision.

311. INCREASE IN ACGME FEES
Introduced by Wisconsin Delegation

HOUSE ACTION: ADOPTED AS FOLLOWS IN LIEU OF RESOLUTION 322:

RESOLVED, That our American Medical Association work with the Accreditation Council for Graduate Medical Education to limit the increase of the ACGME fees.

312. GRADUATE MEDICAL EDUCATION POSITION INCREASE
Introduced by Wisconsin Delegation

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association work with the Centers for Medicare and Medicaid Services and the Veterans Administration to increase the number of graduate medical education (residency and fellowship) positions by at least 10%.

**313. EXAMINATION FOR MAINTENANCE OF MEDICAL LICENSE
Introduced by Wisconsin Delegation**

Resolution 313 was considered together with Resolution 307
see page 378

**314. NONDISCRIMINATION IN RESIDENCY SELECTION
Introduced by Michigan Delegation**

**HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 314 ADOPTED
WITH CHANGE IN TITLE
IN LIEU OF RESOLUTIONS 314 AND 317:**

RESOLVED, That Policy H-255.983, which states that all physicians and medical students should be evaluated for purposes of entry into graduate medical education programs, licensure, and hospital medical staff privileges on the basis of their individual qualifications, skills, and character, be reaffirmed; and be it further

RESOLVED, That Policy H-255.983 be communicated to the Accreditation Council for Graduate Medical Education and to all residency program directors.

**315. INTERNATIONAL MEDICAL GRADUATE APPLICATION
FOR NATIONAL RESIDENCY MATCH PROGRAM
Introduced by Michigan Delegation**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association ask the Electronic Resident Application Services to review the pricing structure for applicants applying to numerous residency sites and specialties.

**316. INTERNATIONAL MEDICAL GRADUATES ON ACCREDITATION COUNCIL
FOR GRADUATE MEDICAL EDUCATION BOARD OF DIRECTORS
Introduced by Michigan Delegation**

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association nominate International Medical Graduate physicians to the Accreditation Council for Graduate Medical Education Board of Directors.

**317. DISCRIMINATION IN RESIDENCY SELECTION
Introduced by Michigan Delegation**

Resolution 317 was considered together with Resolution 314
see above

**318. DEVELOPING A STANDARDIZED LETTER OF AGREEMENT FOR USE BY
ACCREDITED CME PROGRAMS WHEN REQUESTING COMMERCIAL SUPPORT
Introduced by Illinois Delegation**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association work with the Accreditation Council for Continuing Medical Education to develop a standardized letter of agreement to be used by all accredited providers when requesting commercial support and that the use of the standardized letter of agreement be incorporated into the accreditation Essentials.

**319. MEDICARE GRADUATE MEDICAL EDUCATION AND
MEDICAID DISPROPORTIONATE SHARE FUNDING
Introduced by Texas Delegation**

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association work with the Centers for Medicare and Medicaid Services and other appropriate entities to: (1) eliminate the current outdated caps on funded Medicare graduate medical education training slots; (2) work for increased and geographically equitable Medicare graduate medical education funding; and (3) stabilize Medicare graduate medical education and Medicaid Disproportionate Share Hospital funding.

**320. PARITY IN STATE LICENSURE
Introduced by International Medical Graduates Section**

**HOUSE ACTION: POLICY H-255.982 REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 320:**

RESOLVED, That our American Medical Association call upon the Federation of State Medical Boards to work to make state requirements for a full license for International Medical Graduates the same as those for US Medical Graduates; and be it further

RESOLVED, That our AMA support parity in licensure between IMGs and USMGs.

**321. SERVICE LEARNING IN MEDICAL EDUCATION
Introduced by Section on Medical Schools**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association support the concept of service learning as a key component in the medical school and residency curricula; and be it further

RESOLVED, That these experiences include student and resident collaboration with a community partner to improve the health of the population.

**322. INCREASE IN THE ACCREDITATION COUNCIL
FOR GRADUATE MEDICAL EDUCATION FEES
Introduced by Section on Medical Schools**

Resolution 322 was considered together with Resolution 311
see page 380

323. FELLOWSHIP APPLICATION REFORM
Introduced by Resident and Fellow Section

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association, working with specialty societies, support the development of a standardized application and selection process for each fellowship training specialty, specifically to simplify the process of application for subspecialty training; and be it further

RESOLVED, That our AMA encourage that residents are allowed adequate exposure to subspecialty training prior to the initiation of the fellowship application process.

324. SIMPLIFYING THE STATE MEDICAL LICENSURE PROCESS
Introduced by Resident and Fellow Section

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That the American Medical Association Board of Trustees assign appropriate individuals from within the AMA to work with the Federation of State Medical Boards and keep the AMA membership apprised of the FSMB's actions on developing a standardized medical licensure application; and be it further

RESOLVED, That the individuals assigned by the American Medical Association Board of Trustees regarding the FSMB's work on standardized medical licensure application report back to the AMA on a yearly basis beginning at the 2005 Annual Meeting, until decided by the Board of Trustees that this is no longer necessary.

401. GUIDELINES FOR EVALUATION OF AUTO TIRE SAFETY AND SAFE USE
Introduced by International College of Surgeons - US Section

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association develop guidance on what constitutes a safe tire, together with guidance as to proper use of tires to avoid abuse of their limits with resultant risk to life and health, including but not limited to tread depth, sidewall size, width of tread, stiffness of material, heat resistance, traction, vehicle load, proper inflation, average duration by mileage of safe use and diligent monitoring of same.

402. GUIDANCE ON DRIVING WITH CHRONIC MEDICAL CONDITIONS
AND UNDER THE INFLUENCE OF MEDICATIONS
Introduced by International College of Surgeons - US Section

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association favor the development of education programs and the dissemination of reliable information to the public as to the safety and advisability of driving with various medical conditions and associated use of medications.

403. BROADENING AVAILABILITY AND TRAINING FOR DEFIBRILLATORS
Introduced by International College of Surgeons - US Section

Resolution 403 was considered together with Resolution 424
see page 388

404. SAFETY BARRIERS FOR SPORTING EVENTS
Introduced by International College of Surgeons - US Section

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association endorse the concept of a transparent safety barrier between the audience and the active participants of sporting events so that flying missiles and out of bounds players may not come into violent contact with the members of the audience.

405. PROMOTING BREASTFEEDING OF INFANTS
Introduced by International College of Surgeons - US Section

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association establish policy that mothers nursing babies should not be singled out and discouraged from nursing their infants in public places; and be it further

RESOLVED, That our AMA affirm and inform the public that nursing usually is the best possible way of feeding an infant.

406. GUIDANCE FOR WORLDWIDE CONSERVATION OF POTABLE WATER
Introduced by International College of Surgeons - US Section

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association favor scientific and cultural development of a plan for worldwide potable water conservation.

407. DIETARY EDUCATION AND PRACTICE IN SCHOOLS
Introduced by International College of Surgeons - US Section

HOUSE ACTION: POLICIES H-150.960 AND H-150.971 REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 407:

RESOLVED, That our American Medical Association favor the restriction of consumption of candy and soft drinks in schools; and be it further

RESOLVED, That our AMA endorse the concept that quantity and calorie guidance information should appear on each dietary item that is consumed; and be it further

RESOLVED, That our AMA encourage instructional programs for children and adults on the value of following an appropriate diet and exercise routine.

408. GUIDANCE FOR INSTALLATION AND USE OF CAR SEATS
Introduced by International College of Surgeons - US Section

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association favor the development and distribution of more simplified and readily usable manuals for the proper installation and utilization of effective child and infant car seats.

409. REQUIREMENT FOR DAILY FREE PLAY IN SCHOOLS
Introduced by Medical Student Section

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association recommend that elementary schools maintain at least thirty minutes of daily free play or physical education that is consistent with Centers for Disease Control and Prevention guidelines; and be it further

RESOLVED, That our AMA work with other interested medical societies to urge the Department of Education and state and national legislatures to enact regulatory and legislative provisions that ensure at least thirty minutes of daily free play for elementary school students.

410. HEALTHY FOOD OPTIONS IN HOSPITALS
Introduced by Medical Student Section

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association encourage healthy food options be available, at reasonable prices and easily accessible, on hospital premises.

**411. INCREASING CUSTOMER AWARENESS OF NUTRITION INFORMATION
AND INGREDIENT LISTS IN RESTAURANTS**
Introduced by Medical Student Section

**HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 411 ADOPTED
IN LIEU OF RESOLUTIONS 411 AND 430:**

RESOLVED, That our AMA support and seek federal legislation or rules requiring restaurants that have menu items common to multiple locations to provide standard nutrition labels for all applicable items, available for public viewing; and be it further

RESOLVED, That our AMA support and seek federal legislation or rules requiring all school and work cafeterias and restaurants to have ingredient lists for all menu items, available for public viewing.

412. PROMOTION BY PHYSICIANS AND HOSPITALS OF BREASTFEEDING
Introduced by Medical Student Section

HOUSE ACTION: ADOPTED AS FOLLOWS WITH CHANGE IN TITLE:

RESOLVED, That our American Medical Association promote education on breastfeeding in undergraduate, graduate and continuing medical education curricula; and be it further

RESOLVED, That our AMA encourage the education of patients during pre-natal care on the benefits of breastfeeding; and be it further

RESOLVED, That our AMA strengthen the support for breastfeeding in the health care system by encouraging hospitals to provide written breastfeeding policy that is communicated to health care staff; and be it further

RESOLVED, That our AMA encourage hospitals to train staff in the skills needed to implement written breastfeeding policy, to educate pregnant women about the benefits and management of breastfeeding, to attempt early initiation of breastfeeding, to practice “rooming-in,” to educate mothers on how to breastfeed and maintain lactation, and to foster breastfeeding support groups and services; and be it further

RESOLVED, That our AMA investigate the factors contributing to the differences in breastfeeding rates between various racial and ethnic groups with a report back that includes possible actions to be taken to address these factors.

413. RESTRICTING TOBACCO SALES
Introduced by Medical Student Section

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association support that the sale of tobacco products be restricted to tobacco specialty stores.

414. NONDISCRIMINATORY POLICY FOR THE HEALTH CARE NEEDS
OF THE HOMOSEXUAL POPULATION
Introduced by Medical Student Section

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association encourage physician practices, medical schools, hospitals, and clinics to broaden any nondiscriminatory statement made to patients, healthcare workers, or employees to include “sexual orientation, sex, or perceived gender” in any nondiscrimination statement; and be it further

RESOLVED, That our AMA encourage and work with state medical societies to provide a sample printed nondiscrimination policy suitable for framing, and encourage individual physicians to display for patient and staff awareness-as one example: “This office appreciates the diversity of human beings and does not discriminate based on race, age, religion, ability, marital status, sexual orientation, sex, or perceived gender.”

415. FOOD ALLERGIC REACTIONS IN SCHOOLS AND AIRPLANES
Introduced by Medical Student Section

HOUSE ACTION: ADOPTED AS FOLLOWS WITH CHANGE IN TITLE:

RESOLVED, That our American Medical Association recommend that all schools provide increased student and teacher education on the danger of food allergies; and be it further

RESOLVED, That our AMA recommend that all schools have a set of emergency food allergy guidelines and emergency anaphylaxis kits on the premises, and that at least one member of the school administration be trained and certified in the indications for and techniques of their use; and be it further

RESOLVED, That our AMA recommend that all commercial airlines have a set of emergency food allergy guidelines and emergency anaphylaxis kits on the premises, and that at least one member of the flight staff, such as the head flight attendant, be trained and certified in the indications for and techniques of their use.

416. ROAD SAFETY
Introduced by International College of Surgeons - US Section

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association endorse the development of a global road safety campaign; and be it further

RESOLVED, That our AMA work to develop an appropriate highway safety campaign; and be it further

RESOLVED, That our AMA endorse the WHO World Health Day program on Road Safety.

417. WORLD POLLUTANT CONCERNS
Introduced by International College of Surgeons - US Section

**HOUSE ACTION: POLICIES H-135.973 AND H-135.997 REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 417:**

RESOLVED, That our American Medical Association endorse the concept of continued monitoring and evaluation of new chemicals for their health effects and role in the environment, in the food chain and in the individual; and be it further

RESOLVED, That our AMA endorse appropriate testing programs when possible.

418. MERCURY POLLUTION
Introduced by International College of Surgeons - US Section

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association endorse a market-based cap and trade approach to control acid rain emissions with the establishment of a cap of 15 tons of mercury by 2018 (a 70% reduction in current levels); and be it further

RESOLVED, That our AMA endorse a source-by-source command and control approach to control the emissions of mercury.

419. SEAT RESTRAINTS FOR VEHICLES TRANSPORTING SCHOOLCHILDREN
Introduced by Tennessee Delegation

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 419:**

RESOLVED, That our American Medical Association reaffirm existing Policy H-15.986[4] of supporting legislative action to promote availability of effective seat belts in school buses in the United States.

**420. STUDYING THE HEALTH EFFECTS OF AERIAL HERBICIDE
SPRAYING UNDER "PLAN COLOMBIA"**
Introduced by New York Delegation

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our AMA request the World Medical Association and the World Health Organization to study the health effects of aerial herbicide spraying in the South American country of Colombia and its neighboring countries.

421. RECOGNITION THAT OBESITY IS A DISEASE UNTO ITSELF AND MEDICARE BENEFICIARIES SHOULD NOT BE DISCRIMINATED AGAINST BY THE REQUIREMENT OF A COMORBIDITY BEFORE HAVING THEIR DISEASE TREATED

Introduced by New York Delegation

**HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES
FOR REPORT BACK TO HOUSE OF DELEGATES
AT 2005 ANNUAL MEETING**

RESOLVED, That our American Medical Association urge the Centers for Medicare and Medicaid Services (CMS) to change the coverage issue for bariatric surgery so that obesity with the appropriate body mass index (BMI) is in itself considered as the appropriate criteria for coverage of this service under the Medicare Program; and be it further

RESOLVED, That our AMA urge CMS to recognize that obesity is a disease unto itself and Medicare beneficiaries should not be discriminated against by the requirement of a comorbidity before having their disease treated.

422. CHRONIC WASTING DISEASE

Introduced by New York Delegation

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association study the health issues associated with chronic wasting disease, including but not limited to, facilities processing both game and non-game animals.

423. GOVERNMENT TO SUPPORT COMMUNITY EXERCISE VENUES

Introduced by New York Delegation

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association encourage towns, cities and counties across the country to make recreational exercise more available by utilizing existing or building walking paths, bicycle trails, swimming pools, beaches and community recreational fitness facilities; and be it further

RESOLVED, That our AMA encourage governmental incentives such as tax breaks and grants for the development of community recreational fitness facilities.

424. AUTOMATED EXTERNAL DEFIBRILLATORS

Introduced by New York Delegation

HOUSE ACTION: ADOPTED AS FOLLOWS IN LIEU OF RESOLUTION 403:

RESOLVED, That our American Medical Association amend Policy H-440.890, "Automated External Defibrillators in Public Buildings," by insertion and deletion to read:

H-440.890 Availability of Automated External Defibrillators ~~in Public Buildings~~

Our AMA (1) advocates the widespread placement of automated external defibrillators in public buildings; and (2) supports increasing government and industry funding for the purchase of automated external defibrillator devices.

and be it further

RESOLVED, That our AMA encourage the American public to become trained in CPR and the use of automated external defibrillators.

**425. ENVIRONMENTAL AND POLICY INTERVENTIONS
TO PROMOTE PHYSICAL ACTIVITY
Introduced by American College of Preventive Medicine**

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association work with other groups to prepare a set of advocacy materials (e.g., action alerts, sample letters to planning agencies and legislators, talking points, PowerPoint slides, etc.) and distribute these materials to state and local medical societies, health departments, voluntary health agencies, and other professional organizations to advocate for legislative, regulatory, and other policy changes, including but not limited to modifying zoning codes, promoting development of mixed-use, pedestrian and bicycle-friendly neighborhoods with adequate recreational facilities that would facilitate adults and children attaining recommended levels of physical activity; and be it further

RESOLVED, That our AMA advocate at the federal level for funding to support ongoing research and interventions by governmental agencies, academic research centers, and state and local medical societies that evaluate and improve the role of the “built environment” (i.e., human-modified places such as homes, schools, workplaces, parks, industrial areas, farms, roads and highways) on physical activity and its effect on health outcomes, including the development and evaluation of federally-funded demonstration projects; and be it further

RESOLVED, That our AMA encourage and support state medical associations to advocate for state-level funding to evaluate and improve the role of the “built environment” on physical activity.

**426. SMOKING BAN IN CASINOS
Introduced by California Delegation**

**HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 426 ADOPTED
WITH CHANGE IN TITLE:**

RESOLVED, That our American Medical Association encourage and support local and state medical societies and tobacco control coalitions to work with Native American casino and tribal leadership to voluntarily prohibit smoking in their casinos; and be it further

RESOLVED, That our AMA encourage and support local and state medical societies and tobacco control coalitions to work with legislators and the gaming industry to support the prohibition of smoking in all casinos and gaming venues.

**427. “R” RATINGS FOR FILMS WITH TOBACCO USE
Introduced by California Delegation**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association encourage the motion picture industry to apply an “R” rating to all new films depicting cigarette smoking and other tobacco use.

**428. REDUCING SOURCES OF DIESEL EXHAUST
Introduced by California Delegation**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association encourage the US Environmental Protection Agency to finalize the most stringent feasible standards to control pollutant emissions from both large and small non-road engines including construction equipment, farm equipment, boats and trains; and be it further

RESOLVED, That our AMA encourage all states to continue to pursue opportunities to reduce diesel exhaust pollution, including reducing harmful emissions from existing diesel vehicles; and be it further

RESOLVED, That our AMA call for all trucks traveling within the United States, regardless of country of origin, to be in compliance with new diesel emissions standards promulgated by US EPA.

429. SECONDHAND SMOKE
Introduced by Minnesota Delegation

HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 429:

RESOLVED, That our American Medical Association choose facilities for its meetings, conferences, and conventions based on the facility's smoking policy (including its restaurant and bar policies) as an equal criterion to the facility's size, service, location, cost, and other similar factors.

430. FAST FOOD ADVERTISEMENTS
Introduced by Michigan Delegation

Resolution 430 was considered together with Resolution 411
see page 385

RESOLUTION 431 WAS WITHDRAWN

432. IMPORTATION OF CANADIAN GARBAGE INTO MICHIGAN
Introduced by Michigan Delegation

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association lobby in support of S. 383--the Canadian Waste Import Ban of 2003--authored by Senator Debbie Stabenow to immediately stop municipal solid waste from entering Michigan from Canada.

433. SMOKING AGE
Introduced by Illinois Delegation

HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 433:

RESOLVED, That our American Medical Association support the establishment of a federal prohibition of the sale of cigarettes and tobacco products to persons under age 21.

434. COMBATING OBESITY IN CHILDREN
Introduced by Illinois Delegation

HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 434:

RESOLVED, That our American Medical Association support school instructional programs on the life-long value of following an appropriate diet and exercise regimen, and promote the elimination of unhealthy soft drinks, candy and snack food sales in primary and secondary schools.

RESOLUTION 435 WAS CHANGED TO RESOLUTION 532**436. DEVELOPMENT OF A NATIONAL SMOKING
CESSATION QUITLINE NETWORK
Introduced by Illinois Delegation****HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 436 ADOPTED
WITH CHANGE IN TITLE:**

RESOLVED, That our American Medical Association advocate for a national smoking cessation quitline network, such as that proposed by the US Department of Health and Human Services, and work with other appropriate agencies and associations to increase physician awareness of these effective telephone counseling resources.

**437. AMA POLICY REGARDING TOBACCO USE
IN PRISON AND JAIL POPULATIONS
Introduced by Illinois Delegation****HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 437:**

RESOLVED, That our American Medical Association adopt as policy support for tobacco-free policies in all jails and state and federal prisons; and be it further

RESOLVED, That our AMA encourage constituent societies throughout the Federation to adopt similar policy.

**438. SUPPORT FOR LEGISLATIVE ACTION AND IMPROVED RESEARCH
ON THE HEALTH RESPONSE TO VIOLENCE AND ABUSE
Introduced by American Academy of Child and Adolescent Psychiatry,
American Psychiatric Association, American Academy of Pediatrics,
and American Academy of Neurology****HOUSE ACTION: ADOPTED AS FOLLOWS:**

RESOLVED, That our American Medical Association, in conjunction with other members of the Federation and the National Advisory Council on Violence and Abuse, identify and actively support state and federal legislative proposals designed to increase scientific knowledge, promote public and professional awareness, enhance recognition and ensure access to appropriate medical services for patients who have experienced violence and/or abuse; and be it further

RESOLVED, That our AMA actively support legislation and congressional authorizations designed to increase the nation's health care infrastructure addressing violence and abuse including proposals like the Health CARES (Child Abuse Research, Education and Services) Network; and be it further

RESOLVED, That our AMA actively support expanded funding for research on the primary prevention of violence and abuse, the cost of violence and abuse to the health care system, and the efficacy of interventions and methods utilized in the identification and treatment of victims of violence and abuse; and be it further

RESOLVED, That our AMA actively study the best practices in diagnosis and management of family violence (including an analysis of studies not reviewed in the recent US Preventive Services Task Force Recommendations on Screening for Family Violence) and present a report that identifies future research and practice recommendations; and be it further

RESOLVED, That our AMA invite a Federation-wide task force to review and promote the best practices in the identification, management and prevention of family violence.

**439. SMOKING AND HEALTH TO REMAIN A TOP PRIORITY
FOR THE CDC AFTER REORGANIZATION
Introduced by Nebraska Delegation**

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 439 ADOPTED:

RESOLVED, That our American Medical Association strengthen its support of tobacco control and encourage the Centers for Disease Control and Prevention to keep smoking and health as a top priority; and be it further

RESOLVED, That our AMA urge the director of the CDC to ensure the high status and visibility of its tobacco cessation program; and be it further

RESOLVED, That our AMA urge the director of the CDC to strengthen the visibility of its Office on Smoking and Health by elevating its stature within the organizational structure of the agency so that the Office on Smoking and Health reports directly, or once removed, to the CDC director and that this be reflected on the organizational chart.

**440. SUPPORT FOR HEALTH CARE SERVICES TO INCARCERATED PERSONS
Introduced by American Association of Public Health Physicians**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association express its support of the National Commission on Correctional Health Care *Standards* that improve the quality of health care services, including mental health services, delivered to the nation's correctional facilities; and be it further

RESOLVED, That our AMA encourage all correctional systems to support NCCHC accreditation; and be it further

RESOLVED, That our AMA encourage the NCCHC and its AMA representative to work with departments of corrections and public officials to find cost effective and efficient methods to increase correctional health services funding.

**441. UNITED NATIONS POPULATION FUND
Introduced by Medical Student Section**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association support reinstatement of US funding to the United Nations Fund for Population Activities or other United Nations population and reproductive health programs consistent with AMA policy; and be it further

RESOLVED, That our AMA write letters to the Bush Administration and to the US House of Representatives expressing concern over the withdrawal of United States funding from the United Nations Fund for Population Activities and recommending full reinstatement of such funding; and be it further

RESOLVED, That our AMA educate its members about the possible consequences of the withdrawal of US funding from the United Nations Fund for Population Activities and its support for the reinstatement of such funding.

**442. PROPOSED LEGISLATIVE CHANGES IN HEAD START
PROGRAM ADMINISTRATION AND FUNDING
Introduced by American Academy of Pediatrics**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association support keeping the Head Start program in the Department of Health and Human Services; and be it further

RESOLVED, That our AMA support providing every eligible child with access to and the opportunity to fully participate in a community-based Head Start program.

**443. FDA REJECTION OF OVER-THE-COUNTER STATUS
FOR EMERGENCY CONTRACEPTION PILLS
Introduced by Medical Student Section**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association issue a public statement to oppose the unprecedented actions of the Acting Director of the United States Food and Drug Administration in overruling the approval of over-the-counter access to the Plan B pill, and urge the reconsideration of this decision immediately; and be it further

RESOLVED, That our AMA amend Policy H-75.985 by addition and deletion to read as follows:

H-75.985 Access to Emergency Contraception

It is the policy of our AMA: (1) that physicians and other health care professionals should be encouraged to play a more active role in providing education about emergency contraception, including access and informed consent issues, by discussing it as part of routine family planning and contraceptive counseling; (2) to enhance efforts to expand access to emergency contraception, including making emergency contraception pills more readily available through pharmacies, hospitals, clinics, emergency rooms, acute care centers, and physicians' offices; (3) to recognize that information about emergency contraception is part of the comprehensive information to be provided as part of the emergency treatment of sexual assault victims; ~~and~~ (4) to support educational programs for physicians and patients regarding treatment options for the emergency treatment of sexual assault victims, including information about emergency contraception; and (5) to encourage writing advance prescriptions for these pills as requested by their patients until the pills are available over-the-counter.

and be it further

RESOLVED, That our AMA work with the American College of Obstetricians and Gynecologists, Physicians for Reproductive Choice and Health, local and state medical societies, and other interested organizations to continue its efforts to increase access to emergency contraception, including further lobbying of the FDA and Congress to make emergency contraception available over-the-counter; and be it further

RESOLVED, That our AMA report back on the issue of increasing access to emergency contraception at the 2004 Interim Meeting.

**501. FEDERAL REGULATION AND COMPUTERIZED TRACKING OF
PHARMACEUTICALS DURING SHIPPING AND HANDLING FROM
MANUFACTURE UNTIL ULTIMATELY RECEIVED BY PATIENT**

Introduced by Young Physicians Section

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association continue to actively oppose illegal drug diversion, illegal Internet sales of drugs, illegal importation of drugs, and drug counterfeiting, and work with the Congress, the Food and Drug Administration, the Drug Enforcement Administration, and other federal agencies, the pharmaceutical industry, and other stakeholders to ensure that these illegal activities are minimized.

502. DIRECT-TO-CONSUMER GENETIC TESTING

Introduced by American College of Medical Genetics

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association adopt a policy that recommends that states restrict the performance of clinical and laboratory genetic testing to individuals under the personal supervision of a qualified health care professional; and be it further

RESOLVED, That our AMA work with all appropriate other organizations to discourage direct-to-consumer genetic testing.

503. IMPROVED NOTICE OF DRUG SHORTAGES

**Introduced by American Society of Anesthesiologists,
American College of Emergency Physicians, American
College of Surgeons, and The Endocrine Society**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association develop and seek sponsorship and passage of legislation in the Congress requiring that all manufacturers of Food and Drug Administration-approved pharmaceutical products be required to give the FDA public notice of the anticipated voluntary or involuntary, permanent or temporary, discontinuance of manufacture or marketing of such a product; and be it further

RESOLVED, That when such termination or interruption is voluntary and not due to circumstances beyond the control of the manufacturer, at least six months' advance notice of termination or interruption be required by such legislation.

**504. STANDARDIZATION OF APPEARANCE, CONCENTRATION, AND
PACKAGING OF COMMON CLASSES OF PHARMACEUTICALS**

Introduced by American Society of Anesthesiologists

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association collaborate with the National Patient Safety Foundation, the Anesthesia Patient Safety Foundation, the Food and Drug Administration, and other interested parties to explore the value of promoting the standardization of the appearance, concentration and packaging of common classes of pharmaceuticals.

505. ORGAN TRANSPLANTATION FOR HIV-INFECTED INDIVIDUALS
Introduced by Pennsylvania Delegation

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association study the feasibility of utilizing HIV-positive donors for potential HIV-positive organ recipients.

506. PERFORMANCE MEASURES FOR EVIDENCE-BASED MEDICINE
Introduced by Pennsylvania Delegation

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 506 ADOPTED
WITH CHANGE IN TITLE:

RESOLVED, That our American Medical Association continue to ensure the quality of medical care through the appropriate use of evidence-based clinical performance measures.

507. HOME OXYGEN THERAPY FOR ISCHEMIC WOUNDS OR SKIN ULCERS
Introduced by Pennsylvania Delegation

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association recognize that a non-healing wound with tissue ischemia near the wound (as measured by transcutaneous oxygen measurement) whose tissue oxygen level can be improved to a level consistent with healing by supplemental oxygen is a valid use of supplemental oxygen and should be paid for by health insurers, including the Centers for Medicare and Medicaid Services (CMS); and be it further

RESOLVED, That our AMA ask the CMS to recognize home oxygen therapy to raise tissue oxygen levels to permit a chronic wound to heal to be a covered health care service.

508. INTRAVENOUS CATHETERS
Introduced by American Society of Anesthesiologists

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association encourage the manufacturers of intravenous catheters to continue to produce traditional-type IV catheters.

509. GUIDELINES TO AVOID TRANSMISSION OF NEWLY EMERGING
DISEASES THROUGH BLOOD TRANSFUSION
Introduced by International College of Surgeons - US Section

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association develop a program and guidelines to avoid or reduce the probability of transmission of new or emerging disease entities so that unsuspecting individuals will not transmit nor receive potentially life-threatening disease as a result of blood transfusion; and be it further

RESOLVED, That our AMA disseminate the guidelines in the United States and throughout the world for the benefit of all.

**510. GUIDELINES FOR DISPOSAL OF UNUSED OR STALE DATED
MEDICATIONS TO AVOID CONTAMINATION OF AQUIFERS
Introduced by International College of Surgeons - US Section**

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association develop appropriate recommendations for safe disposal of unused or stale dated medications and other medical items to avoid potential contamination of aquifers and the health risks presented thereby.

**511. INFORMATION CONCERNING ADVISABILITY OF REPEAT HIV TESTING
Introduced by International College of Surgeons - US Section**

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association encourage the widespread dissemination of information concerning appropriate HIV testing so that repeat testing may be more appropriately recommended where advisable.

**512. USE OF THE ANAL PAP SMEAR AS A SCREENING
TOOL FOR ANAL DYSPLASIA
Introduced by Medical Student Section**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association support continued research on the diagnosis and treatment of anal cancer and its precursor lesions, including the evaluation the anal pap smear as a screening tool for anal cancer.

**513. MEDICAL STAFF BYLAWS AS CONTRACTS
Introduced by American College of Radiology, American College of
Emergency Physicians, American Society of Anesthesiologists,
and College of American Pathologists**

**HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES
FOR REPORT BACK TO HOUSE OF DELEGATES
AT 2004 INTERIM MEETING**

RESOLVED, That our American Medical Association Advocacy Resource Center work with state and specialty societies to draft and support legislation to establish medical staff bylaws as a contract; and be it further

RESOLVED, That our AMA Advocacy Resource Center work with state and specialty societies to draft and support legislation to require that due process protections for termination of staff privileges be included in all medical staff bylaws; and be it further

RESOLVED, That our AMA work to have the Joint Commission on the Accreditation of Healthcare Organizations require due process protections in medical staff bylaws as part of the JCAHO accreditation process.

**514. E-COMMERCE AND UNSOLICITED E-MAILS
Introduced by New York Delegation**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That to supplement the already significant ongoing efforts to limit unsolicited e-mail of advertising of pharmaceuticals, our American Medical Association advocate the use of an already established federal e-mail address (currently: uce@ftc.gov) where unsolicited e-mails may be sent for appropriate investigation.

**515. SUPPORT EFFORTS TO EDUCATE HEALTH CARE PROVIDERS AND
THE PUBLIC ABOUT MENINGOCOCCAL DISEASE AND VACCINE**
Introduced by New York Delegation

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association continue to work with the Centers for Disease Control and Prevention in educating physicians and other health care providers on the importance of informing parents and the public about the meningococcal disease and the availability of a vaccine.

516. QUALITY OF CARE IN SKILLED NURSING FACILITIES
Introduced by New York Delegation

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association work to improve the quality of care in the nursing home industry by assuring that all serious injuries that occur in skilled nursing facilities be reported, instead of only those relating to suspected abuse or neglect.

517. SUPPORT FOR COVERAGE OF “OFF-LABEL” DRUG USE
Introduced by Pennsylvania Delegation

HOUSE ACTION: ADOPTED AS FOLLOWS IN LIEU OF RESOLUTION 522:

RESOLVED, That our American Medical Association advocate that health insurance companies be required to cover appropriate “off-label” uses of drugs on their formulary; and be it further

RESOLVED, That our AMA confirm its strong support for the autonomous clinical decision-making authority of physicians to prescribe medications for “off-label” use when such physician believes that it is clinically indicated for the patient; and be it further

RESOLVED, That our AMA support payment by third party payers, including Medicare, for “off-label” prescribing when such is supported by peer-reviewed literature.

518. HERBAL PRODUCTS AND DRUG INTERACTIONS
Introduced by California Delegation

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 518 ADOPTED:

RESOLVED, That our American Medical Association support the Food and Drug Administration’s efforts to create a publicly accessible database of adverse event and drug interaction information on dietary supplements; and be it further

RESOLVED, That Policy H-150.954 be reaffirmed and that our AMA renew efforts to accomplish its objectives, particularly with respect to the labeling requirements for dietary supplements.

519. MEDICAL STAFF SELF-GOVERNANCE
Introduced by California Delegation

Resolution 519 was considered together with Resolution 523
see page 398

**520. REGULATION OF MEDIA-BASED DRUG SALES WITHOUT
GOOD FAITH MEDICAL EXAMINATION
Introduced by California Delegation**

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 520 ADOPTED:

RESOLVED, That our American Medical Association develop and promote model federal legislation to eliminate the sale, without a legitimate prescription, of prescription drugs over the Internet, if such bills to establish national standards in this area are not forthcoming.

**521. SUPPORT FOR FEDERALLY-FUNDED MEDICAL RESEARCH
Introduced by The Endocrine Society**

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 521 ADOPTED:

RESOLVED, That our American Medical Association call for an increase in 2005 appropriations for the National Institutes of Health and the Agency for Healthcare Research and Quality sufficient to allow the US to take advantage of the recently completed campaign to double the nation's investment in biomedical research.

**522. MEDICARE AND "OFF-LABEL" USES OF DRUGS
Introduced by New York Delegation**

Resolution 522 was considered together with Resolution 517
see page 397

**523. MEDICAL STAFF AUTONOMY AND SELF-GOVERNANCE
Introduced by Illinois Delegation**

**HOUSE ACTION: ADOPTED AS FOLLOWS WITH CHANGE IN TITLE
IN LIEU OF RESOLUTION 519:**

RESOLVED, That our American Medical Association support the autonomy of hospital medical staffs with respect to hospital boards in order that the work of the medical staff can proceed uninterrupted to maintain quality of care within the institution; and be it further

RESOLVED, That our AMA encourage national legislation that would strengthen the rights of the hospital medical staff to self-governance; and be it further

RESOLVED, That our AMA seek federal legislation which would prohibit unilateral changes in hospital medical staff bylaws, rules and regulations or policy/procedures manuals, unless required by law.

**524. REAPPOINTMENTS TO THE MEDICAL STAFF
Introduced by Michigan Delegation**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association work with the Joint Commission on Accreditation of Healthcare Organizations to change the requirement for reappointments to medical staffs to every four years.

525. REQUIRE PHARMACY BENEFIT MANAGERS TO DISCLOSE
Introduced by Illinois Delegation

HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 525:

RESOLVED, That our American Medical Association support and pursue the enactment of federal legislation that will require full disclosure by pharmacy benefits managers of dealings with and payments from drug companies.

526. INAPPROPRIATE NATIONAL INSTITUTES OF HEALTH (NIH) GRANTS
Introduced by Illinois Delegation

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association encourage the National Institutes of Health to continually review its peer review system.

527. ACCESS TO HOSPITAL RECORDS
Introduced by Illinois Delegation

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association support legislation guaranteeing that physicians engaged in staff privileges disputes have free and full access to all medical records related to those disputes so they can adequately defend themselves.

528. DEXTROMETHORPHAN ABUSE
Introduced by Illinois Delegation

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association issue a statement of concern regarding the sale of bulk Dextromethorphan (DXM) via the Internet to the general population; and be it further

RESOLVED, That our AMA support legislation outlawing the sale of bulk DXM to the general population, especially via the Internet.

529. ACCESS TO FDA DATA REGARDING THE SAFETY
AND EFFICACY OF MEDICATIONS
Introduced by American Academy of Child and Adolescent Psychiatry,
American Psychiatric Association

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association ask the Council on Scientific Affairs to study the issue of enhancing access to FDA data regarding the safety and efficacy of medications; and be it further

RESOLVED, That our AMA ask the Council on Scientific Affairs to develop recommendations designed to improve access to clinically relevant research collected by the FDA.

530. SUPPORT OF PATIENT SAFETY ASPECTS OF JCAHO
Introduced by Nebraska Delegation

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association continue to work with the Joint Commission on Accreditation of Healthcare Organizations on the development of standards which improve patient safety; and be it further

RESOLVED, That our AMA and JCAHO then present these changes to the Centers for Medicare and Medicaid Services to effect an update of good health care policy and to delete outdated wasteful health care policy; and be it further

RESOLVED, That evidence-based medicine be used to determine useful safety standards whenever possible.

531. PROPER LABELING OF FOOD
Introduced by Nebraska Delegation

HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 531:

RESOLVED, That our American Medical Association work with Congress and the Food and Drug Administration to require properly labeled food.

532. DRUG DISPOSAL
Introduced by Illinois Delegation

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association study and develop appropriate medication disposal recommendations that will protect our nation's water supply and therefore our communities.

533. SCIENTIFIC INTEGRITY
Introduced by Arizona Delegation

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association insist that the federal government rely on sound medical science in formulating public health policies.

534. AUTISM COMMISSION
Introduced by Arizona Delegation

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association support the convening of a neutral national commission to look at autism (its rise and causes) modeled on the Rogers Commission that looked at the Challenger incident.

**535. DIRECT-TO-CONSUMER ADVERTISING (DTCA)
OF PRESCRIPTION DRUGS
Introduced by Iowa Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 535:**

RESOLVED, That our American Medical Association reaffirm support of its policy on direct-to-consumer advertising, seeking enforcement by all relevant federal agencies of AMA Policy H-105.988 to ensure that evidence-based studies quantifying the potential harm to patients be made available to physicians and the public.

**536. PHYSICIANS' GUIDE TO MEDICAL STAFF ORGANIZATION BYLAWS
Introduced by Organized Medical Staff Section**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association Office of the General Counsel develop a third edition of the *Physicians' Guide to Medical Staff Organization Bylaws* immediately; and be it further

RESOLVED, That the third edition of the *Physicians' Guide to Medical Staff Organization Bylaws* be made immediately available in an electronic format for AMA members as soon as possible; and be it further

RESOLVED, That the *Physicians' Guide to Medical Staff Organization Bylaws* be updated every two years, or more frequently as needed.

**537. LOSS OF MEDICAL STAFF PRIVILEGES
FOR LACK OF "TAIL COVERAGE"
Introduced by Organized Medical Staff Section**

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES FOR DECISION

RESOLVED, That our American Medical Association work with the American Hospital Association to develop mutually acceptable alternatives to physicians facing forced voluntary resignation from the medical staff because of not purchasing "tail" coverage (prior acts endorsement); and be it further

RESOLVED, That our AMA work with the AHA to develop mutually acceptable alternatives to requiring physicians to purchase exorbitantly expensive "tail" coverage (prior acts endorsement); and be it further

RESOLVED, That medical staff members who are required to purchase "tail" coverage (prior acts endorsement) be given a reasonable period of time to obtain such coverage in cooperation with the hospital; and be it further

RESOLVED, That our AMA work with the AHA and professional liability insurance carriers to provide physicians replacement "tail" coverage (prior acts endorsement) if the liability insurance carrier becomes insolvent; and be it further

RESOLVED, That our AMA develop model hospital medical staff bylaws language addressing "tail" coverage as well as continuous professional liability coverage.

538. MANDATORY SUBSPECIALTY CONSULTATION
Introduced by Young Physicians Section,
Organized Medical Staff Section

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association oppose the unilateral actions of hospitals and health care organizations to mandate specialty consultation for a patient with a specific disease state, when the mandate specifically denies the physician providing care the ability to determine medical necessity of the consultation and/or the consultation is not requested by the patient; and be it further

RESOLVED, That our AMA discourage physicians from requesting hospital medical staff oversight committees, health plans and managed care organizations to mandate specialty consultations when the physician or physician group would gain financially from the mandatory consultation due to increased revenues from consultation billing, unless the consultation is required by law or regulation; and be it further

RESOLVED, That our AMA reaffirm Policies E-8.04, "Consultation," and H-285.954, "Physician Decision-Making in Health Care Systems."

601. COMPILATION OF STATE MEDICAL SOCIETY
MEMBERSHIP DATA BY THE AMA
Introduced by Utah Delegation

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association collect and compile for analysis and use by Federation members the membership data on the state medical societies constituting the Federation; and be it further

RESOLVED, That our AMA provide these membership data to Federation members upon request.

602. RESTRICTION OF PHARMACEUTICAL ADVERTISING
ON THE AMA WEB SITE
Introduced by Medical Student Section

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association amend its current Advertising Guidelines on web site pharmaceutical advertising to state that: "There will be no pharmaceutical advertisements on the AMA web site which are directed towards patients."

603. COST CONTAINMENT
Introduced by New York Delegation

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association, beginning with 2004-2005 membership renewals/new applications, provide members or prospective members the option to receive communications via e-mail, fax or mail, with a general move toward the most economical methodology.

**604. EXTENDING MEMBERSHIP BENEFITS TO STUDENTS ENROLLED IN THE
SOPHIE DAVIS BIOMEDICAL EDUCATION BS/MD PROGRAM
Introduced by New York Delegation**

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES FOR DECISION

RESOLVED, That our American Medical Association establish a three-year pilot project extending eligibility for membership benefits, including representation and voting rights as the CUNY Sophie Davis campus in the AMA-MSS Assembly, to fourth- and fifth-year students at the CUNY-Sophie Davis combined BS/MD program, with appropriate steps taken to make this eligibility permanent at the end of the three-year period should this program be deemed successful; and be it further

RESOLVED, That the AMA Medical Student Section encourage member chapters to recruit fourth- and fifth-year students at the CUNY-Sophie Davis combined BS/MD program who will attend these chapters' respective medical schools; and be it further

RESOLVED, That the AMA Medical Student Section invite fourth- and fifth-year students at the CUNY-Sophie Davis combined BS/MD program to attend AMA-MSS Assembly meetings as observer members until such time as eligibility for membership is established for them.

**605. QUALITY OF CARE - NURSING HOMES
Introduced by New York Delegation**

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association undertake to solicit and organize a volunteer corps of experienced and/or retired physicians and medical directors to serve as a resource to improve quality of care in nursing homes.

**606. JUNIOR AMA
Introduced by New York Delegation**

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association consider the creation of a "Junior AMA" and report back to the House of Delegates at the 2004 Interim Meeting.

**607. AMERICAN MEDICAL ASSOCIATION PUBLIC HEALTH COUNCIL STUDY
Introduced by Minnesota Delegation**

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association study the feasibility of initiating an AMA Council on Public Health.

**608. CREATION OF A FELLOWSHIP STATUS WITHIN
OUR AMERICAN MEDICAL ASSOCIATION**
Introduced by American Academy of Dermatology, American Society for
Dermatologic Surgery, and Society for Investigative Dermatology

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association House of Delegates form a work group appointed by the Speaker of the House to consider the creation of a fellowship status within our AMA and the designation Fellow of our American Medical Association (FAMA), which could be attached to the surname of said fellows; and be it further

RESOLVED, That the work group report back with their findings and recommendations to the House of Delegates at the 2005 Annual Meeting.

609. AMA 2007 OR 2008 INTERIM MEETING IN HAWAII
Introduced by Hawaii, Alaska, California, and Kansas Delegations,
American Psychiatric Association, and American Academy of Psychiatry and the Law

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association reaffirm its well-established practice of returning to Hawaii every four to five years for the AMA House of Delegates Interim Meeting, with its next meeting in Hawaii to be held in the winter of 2007 or 2008.

610. CHANGE JAMA'S EDITORIAL POLICIES
Introduced by Georgia Delegation

Resolution 610 was considered together with Report 32 of the Board of Trustees
see page 132

**611. INCREASED COLLABORATION BETWEEN THE AMA AND
THE AMERICAN OSTEOPATHIC ASSOCIATION**
Introduced by Michigan Delegation

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association continue efforts to collaborate with the American Osteopathic Association.

612. AMA MEETING VENUES
Introduced by American College of Preventive Medicine

HOUSE ACTION: NOT ADOPTED

RESOLVED, That our American Medical Association not select venues that are contrary to AMA policies or missions whenever there are reasonable venue options for AMA meetings.

613. CREATING AN AMA-RFS HEALTH POLICY FELLOWSHIP
Introduced by Resident and Fellow Section

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association develop and implement a plan, in conjunction with the AMA Resident and Fellow Section Governing Council and modeled after the recently implemented AMA Medical Student Section Governmental Relations Advocacy Fellowship, to create an AMA-RFS Health Policy Fellowship--a full-time, paid, year-long fellowship starting July 1, 2005, for an AMA-RFS member--to be based in the AMA Washington Office.

614. CONFERENCE LOCATIONS FOR AMA MEETINGS
Introduced by Section on Medical Schools

HOUSE ACTION: NOT ADOPTED

RESOLVED, That whenever there are reasonable venue options for AMA meetings, venues not be selected that could be perceived as contrary to AMA policies or missions.

**701. TAX INCENTIVES FOR PHYSICIANS TO INVEST IN IMPROVING THEIR
USE OF TECHNOLOGY IN THE OFFICE PRACTICE SETTING**
Introduced by American Academy of Pediatrics

Resolution 701 was considered together with Resolutions 703 and 717
see page 408

702. HEALTH SAVINGS ACCOUNTS FOR OLDER AMERICANS
Introduced by California Delegation

**HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 702 ADOPTED
IN LIEU OF RESOLUTIONS 702 AND 721:**

RESOLVED, That our American Medical Association monitor pending regulations and take appropriate steps to ensure access to Health Savings Accounts by all Medicare eligible individuals.

703. INFORMATION TECHNOLOGY STANDARDIZATION AND COSTS
Introduced by Organized Medical Staff Section

Resolution 703 was considered together with Resolutions 701 and 717
see page 408

704. IDENTIFICATION OF HEALTH CARE PROVIDERS
Introduced by Resident and Fellow Section

HOUSE ACTION: ADOPTED AS FOLLOWS WITH CHANGE IN TITLE:

RESOLVED, That our American Medical Association encourage: (1) the education of patients on the medical training system, and (2) photo-identification of hospital medical care providers.

**705. DEVELOPMENT OF INFRASTRUCTURE FOR USE
 OF MEDICAL INFORMATION TECHNOLOGY**
Introduced by International College of Surgeons - US Section

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
 IN LIEU OF FOLLOWING RESOLUTION 705:**

RESOLVED, That our American Medical Association develop a plan for an infrastructure that will provide for rapid transfer of medical records and health information in our current system, which will be both efficient and appropriate under existing federal guidelines; and be it further

RESOLVED, That our AMA disseminate to its members this plan for an infrastructure for efficient transfer of medical records and health information.

706. STUDY OF RISKS AND BENEFITS OF ELECTRONIC MEDICAL RECORDS
Introduced by International College of Surgeons - US Section

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
 IN LIEU OF FOLLOWING RESOLUTION 706:**

RESOLVED, That our American Medical Association review the advantages and disadvantages of an electronic medical record and disseminate the results of such study to its members.

707. SPECIALTY HOSPITALS AND IMPACT ON HEALTH CARE
**Introduced by American College of Surgeons, American Academy of Ophthalmology,
 American Academy of Otolaryngology - Head and Neck Surgery,
 American Society of Plastic Surgeons, and Society for Vascular Surgery**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association comprehensively study the issue of specialty hospitals to determine: (1) their wide-ranging impact on the provision of health care; (2) competitive pressures and tactics used by hospitals and others to stop the building of specialty hospitals; (3) known and potential benefits associated with specialty hospitals including quality of care improvements, patient satisfaction, and cost effectiveness; (4) the financial impact on community hospitals and "safety net" institutions, access to emergency and trauma care services, and the quality of physician training programs; (5) the appropriateness of physician referral patterns; and (6) any other issues relating to specialty hospitals that may impact quality of care; and be it further

RESOLVED, That our AMA work closely with national specialty societies and state medical societies to assist with a study of specialty hospitals.

RESOLUTION 708 WAS WITHDRAWN**709. NATIONAL STANDARD FOR CODE COMBINATIONS
Introduced by New York Delegation****HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 709 ADOPTED
WITH CHANGE IN TITLE:**

RESOLVED, That our American Medical Association study and report back to the House of Delegates on the feasibility of developing a national standard for the utilization of codes, code combinations, and modifiers that is consistent with all CPT codes, guidelines, and conventions, and that would be used by all commercial and governmental payers.

**710. PROBLEMS ENCOUNTERED WITH WEBMD
AND OTHER CLEARINGHOUSES
Introduced by New York Delegation****HOUSE ACTION: ADOPTED AS FOLLOWS:**

RESOLVED, That our American Medical Association continue its efforts to assist physicians to correct the health insurance claims transaction problems they are experiencing with WebMD and other clearinghouses; and be it further

RESOLVED, That our AMA's legal advisors monitor the situation and be available to consult with AMA members and their legal counsel regarding legal action against WebMD or other clearinghouses, including holding them financially liable for any losses to physicians resulting from clearinghouse submission errors.

**711. HEALTH AND BEHAVIOR ASSESSMENT/INTERVENTION
Introduced by New York Delegation****HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 711 ADOPTED:**

RESOLVED, That our American Medical Association CPT Editorial Panel consider refining health and behavioral assessment codes to allow for the development of improved definitions so that appropriate coverage and payment determinations can be made.

**712. ELECTRONIC COMMUNICATION SERVICE CODES
Introduced by Colorado Delegation****HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 712 ADOPTED
WITH CHANGE IN TITLE:**

RESOLVED, That our American Medical Association CPT Editorial Panel consider refining the current tracking code for electronic communication into a new code for non-telephone electronic communications, including but not limited to facsimile and e-mail.

**713. CREATE A PUBLIC QUALITY IMPROVEMENT
INFORMATION SYSTEM (QIIS)
Introduced by New York Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 713:**

RESOLVED, That our American Medical Association direct its efforts toward ensuring that any national electronic health care quality system that is developed have the input of physicians and that the standards developed improve the lives of both patients and physicians.

**714. PHYSICIANS SERVING ON HOSPITAL GOVERNING BOARDS
Introduced by Oklahoma Delegation**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association amend AMA Policy H-225.983 as set forth below

It is the policy of the AMA that physicians who are members of the medical staff shall be eligible for, and should be included in, full membership on hospital governing bodies and their action committees in the same manner as are other knowledgeable and effective individuals. Other physicians also should be considered eligible for membership on the governing body. The hospital medical staff should have the right of representation at all meetings of the governing body by medical staff members elected by the medical staff having the right of attendance, voice and, if appropriate, vote. Compensation to medical staff members for service to the hospital should not preclude the physician's membership on the hospital governing board. (2) Hospital conflict of interest policies should include physician medical staff members of hospital governing boards. (Sub. Res. 820, I-92; Reaffirmed: CMS Rep. 10, A-03).

**715. DEFINITION OF A HOSPITAL DAY
Introduced by District of Columbia Delegation**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association define a Hospital Day as a 24-hour period that begins at the hour of admission; and be it further

RESOLVED, That our AMA have a separate policy, with its own policy number, on the Definition of a Hospital Day.

**716. CONTAINING CATASTROPHIC CARE COSTS
Introduced by Wisconsin Delegation**

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association gather together all relevant information concerning the most expensive 5% of the medical patients in order to be able to devise ways to handle these cases less expensively by: using best-management practices, exploring whether "centers of excellence" provide catastrophic care more efficiently, exploring whether consultation from regional or national experts at an earlier time in these high cost cases might provide benefit, earlier consideration of end-of-life issues, and better education about "palliative" medicine.

717. INFORMATION TECHNOLOGY STANDARDS AND COSTS
Introduced by Wisconsin Delegation

**HOUSE ACTION: ADOPTED AS FOLLOWS IN LIEU OF
 RESOLUTIONS 701 AND 703:**

RESOLVED, That our American Medical Association encourage the setting of standards for health care information technology whereby the different products will be interoperable and able to retrieve and share data for the identified important functions while allowing the software companies to develop competitive systems; and be it further

RESOLVED, That our AMA work with Congress and insurance companies to appropriately align incentives as part of the development of a National Health Information Infrastructure (NHII), so that the financial burden on physicians is not disproportionate when they implement these technologies in their offices; and be it further

RESOLVED, That our AMA review the following issues when participating in or commenting on initiatives to create a NHII: (1) cost to physicians at the office-based level; (2) security of electronic records; and (3) the standardization of electronic systems.

718. IMPROVEMENT TO HEALTH SAVINGS ACCOUNTS
Introduced by North Carolina Delegation

Resolution 718 was considered together with Report 6 of the Council on Medical Service
 see page 237

719. MANDATORY HOSPITAL PRIVILEGING FOR HEALTH PLAN PROVIDERS
Introduced by Michigan Delegation

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
 IN LIEU OF FOLLOWING RESOLUTION 719:**

RESOLVED, That our American Medical Association study the extent of the issue of mandatory hospital privileging as a prerequisite for health plan participation for providers in the United States and take action to rectify the issue.

720. HOSPITAL FEES FOR HEALTH SAVINGS ACCOUNT PATIENTS
Introduced by Illinois Delegation

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
 IN LIEU OF FOLLOWING RESOLUTION 720:**

RESOLVED, That, as policy, our American Medical Association encourage its member physicians to be patient advocates by encouraging their hospitals to charge reasonable fees to Health Savings Account patients in keeping with fees the hospitals charge patients covered by Medicare, Medicaid, and managed care companies; and be it further

RESOLVED, That, as policy, our American Medical Association encourage the American Hospital Association to recommend this action to its member hospitals.

721. HEALTH SAVINGS ACCOUNTS FOR MEDICARE PARTICIPANTS
Introduced by Illinois Delegation

Resolution 721 was considered together with Resolution 702
see page 405

722. PAYMENT OF HIGH DEDUCTIBLE HEALTH INSURANCE PORTION OF
HEALTH SAVINGS ACCOUNT PLANS WITH PRE-TAX DOLLARS
Introduced by Illinois Delegation

HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 722:

RESOLVED, That our American Medical Association endorse the concept that the high deductible health insurance portion of Health Savings Account plans be paid for with pre-tax dollars, whether purchased by employers, employees, or the self-employed; and be it further

RESOLVED, That our AMA lobby Congress to make the necessary changes in federal law to permit employees and the self-employed to purchase the high deductible health insurance portion of Health Savings Account plans with pre-tax dollars.

723. REFERENCES TO TIME IN CPT CODING
Introduced by Illinois Delegation

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association support the development of service codes separate and distinct from E&M codes to be used when the service is predominantly medical counseling and education relating to a medical condition and when the medical problems involve additional time beyond that considered part of the E&M services, which may be based primarily on time as a factor; and be it further

RESOLVED, That our AMA support third party payers paying for both an E&M code and this new time-based counseling and education code when provided on the same day.

724. HOSPITALISTS AND PERSONAL PHYSICIANS
Introduced by Illinois Delegation

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES

RESOLVED, That our American Medical Association work toward the establishment of Current Procedural Terminology codes that provide for coordination of care or for continuity of services by the patient's personal physician while the patient is under the care of a hospitalist; and be it further

RESOLVED, That our AMA study this issue and take action as soon as possible to strongly support a policy: (1) forbidding mandatory use of hospitalists by opposing their mandatory use by any institution or health care payer including, but not limited to, managed care organizations and the Centers for Medicare and Medicaid Services; and (2) providing for consideration of patients who are incapacitated at the time of admission and have pre-existing agreements with their physicians to deliver continuing care in the event they are hospitalized and cannot express a desire to see their personal physicians.

**725. PHYSICIAN-TO-PHYSICIAN COMMUNICATION
Introduced by Colorado Delegation**

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That our American Medical Association study and report back to the House of Delegates with recommendations for action on how to improve communication between physicians and among health systems as patients transition from one health care setting to another, and that these recommendations may include:

1. Definition of the basic package of information to be included with a transfer;
2. Lists of tests completed, but results pending, including how these results may be accessed;
3. Lists of tests and procedures planned, but not completed, including who, when and where such tests and procedures shall be done;
4. Name, specialty and telephone number of each physician caring for the patient;
5. Preparation of a discharge summary at the time of transfer, explaining the outcomes of the presenting complaints;
6. Outpatient consultation forms detailing the reasons a specialty consultation has been requested;
7. Means of transmitting information, including written and electronic formats; and
8. Identification of who may be notified should communication fail.

and be it further

RESOLVED, That our AMA work with other interested organizations to improve physician-to-physician communications.

**726. CREDENTIALING INFORMATION REQUESTED
BY MANAGED CARE COMPANIES
Introduced by Colorado Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 726:**

RESOLVED, That our American Medical Association establish policy that credentialing applications should not contain questions that are subjective and accusatory in nature such as:

- “Have you ever received sanctions from or been the subject of investigation by any regulatory agencies (e.g., CLIA, OSHA, etc.)?” or,
- “Have you ever had any malpractice actions (pending, settled, dropped, dismissed, arbitrated, mediated or litigated)? If yes, provide information for each case.”

and in addition, the policy should also state that a limitation of not more than five years be placed on the request for information on previous experiences; and be it further

RESOLVED, That our AMA refer this to the appropriate body for study on how to work with the centralized credentialing collection services to implement this policy.

**727. TAX DEDUCTIBILITY OF HEALTH INSURANCE COMBINED
WITH HEALTH SAVINGS ACCOUNTS
Introduced by Kansas Delegation**

**HOUSE ACTION: EXISTING POLICY REAFFIRMED
IN LIEU OF FOLLOWING RESOLUTION 727:**

RESOLVED, That our American Medical Association seek Congressional action to allow full tax deductibility of any individually owned health insurance plan that is combined with a Health Savings Account.

728. DISCRIMINATORY PAYMENT POLICIES
Introduced by American Academy of Neurology

HOUSE ACTION: ADOPTED

RESOLVED, That our American Medical Association Private Sector Advocacy group work to have private insurers pay all E&M codes equitably so that patients with chronic conditions are not limited in their access to care.